

Ashcroft Care Services Limited

Redehall Cottage

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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Redehall Cottage is a residential home which provides care and accommodation for up to six adults with learning difficulties, autism, verbal communication difficulties and who may display behaviours that may challenge others. On the day of our inspection six people were living in the home.

This inspection took place on 6 October 2015 and was unannounced.

The home was run by a registered manager, who was present on the day of the inspection visit. '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 and associated regulations about how the service is run.

Risks to individuals were not always appropriately managed and risk assessments for people were not detailed. We found the registered manager considered additional risks to people in relation to community activities and changes had been reflected in people's care plans.

Summary of findings

Not all staff had received training in safeguarding adults and were able to evidence to us they knew the procedures to follow should they have any concerns. One staff member said they would report any concerns to the registered manager. The staff we spoke to knew of types of abuse and where to find contact numbers for the local safeguarding team if they needed to raise concerns.

There were not sufficient number of permanent staff who were appropriately trained to meet the needs of the people who lived at the service. Staff did not always have the appropriate and up to date skills and guidance in relation to their role. Agency staff did not have the appropriate skills to meet the needs of people of understand the nature of their disability.

Processes were in place in relation to the correct storage and audit of people's medicines. All of the medicines were administered and disposed of in a safe way. However records about 'as required medicines were not in place.'

The Care Quality commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Capacity assessments had not always taken place for people in accordance with the Mental Capacity Act 2008 code of conduct.

People were encouraged and supported to be involved in their care. The lounge and people's rooms were homely or personalised. People said that the staff were caring. One told us that they liked the staff "Very much." We saw caring and kind interactions with staff and people during the inspection. People were treated with respect and dignity

People had access to a range of health care professionals, such as the GP, Community Mental Health team, dentist and opticians.

People were provided with homemade, freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. We were told by the registered manager that people could go out for lunch if they wished.

People were treated with kindness, compassion and respect. Staff took time to speak with the people who they supported. We observed positive interactions and it was evident people enjoyed talking to staff. People were able to see their friends and families as they wanted and there were no restrictions on when people could visit the home.

People took part in community activities on a daily basis; for example trips to the shops. The premises were suitable for the needs of people.

People had individual care plans. They were detailed but not updated regularly; staff did not always have the most up to date and appropriate information to enable them to respond to people effectively. However staff we spoke with were able to tell us about the care that they provided people and it was clear that they knew about people's individual diagnosis and health needs.

The registered manager told us how they were involved in the day to day running of the home. People, relatives and staff felt the management of the home was approachable.

Complaint procedures were not up to date. Relatives told us they would know how to make a complaint.

The registered manager had not maintained accurate, complete or detailed records in respect of people and records relating to the overall management of the service.

The home did not have a satisfactory system of recording the auditing processes that were in place to regularly assess and monitor the quality of the service or manage risks to people in carrying out the regulated activity. The registered manager had not assessed incidents and accidents, staff recruitment practices, care and support documentation, medicines and decided if any actions were required to make sure improvements to practice were being made.

There was no discussion with people around how they could be involved or empowered to be part of any improvements to be made in the service.

Summary of findings

Staff were aware of the home's contingency plan, if events occurred that stopped the service running. They explained actions that they would take in any event to keep people safe. The premises provided were safe to use for their intended purpose.

We found four 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.

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 safe.

People were at risk because there were not enough permanent qualified and skilled staff to meet people's needs. Risks were not assessed and managed well, and risk assessments did not provide clear information and guidance to staff.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the safeguarding adult's procedures.

Medicines were managed safely, and people were supported to be as independent as possible.

Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Processes for recording accidents and incidents were not being used by staff or assessed by the registered manager

Requires improvement



Is the service effective?

The service was not effective.

Staff had not received regular training to ensure they had up to date information to undertake their roles and responsibilities. They had not had regular one to one meetings with their manager.

Mental Capacity Assessments and best interest meetings had not been completed for people where they lacked capacity.

People were supported to eat and drink according to their choice and plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about their care.

Requires improvement



Is the service caring?

The service was caring.

People told us they were well cared for. We observed caring staff that treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted.

Good



Summary of findings

Is the service responsive?

The service was not always responsive.

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service. Although care plans had not always been updated.

Staff supported people to access the community which reduced the risk of people being socially isolated.

Complaints records had not been maintained.

Requires improvement



Is the service well-led?

The service was not well led.

The registered manager did not have a satisfactory system of recording the auditing processes that were in place to monitor the quality of the service provided.

The registered manager had not maintained accurate, complete or detailed records in respect of people and records relating to the overall management of the service.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns.

Requires improvement



Redehall Cottage

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.

This inspection took place on 6 October 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we reviewed all the information we held about the provider. We contacted the local authority commissioning and safeguarding team to ask them for their views on the service and if they had any concerns. The

provider had not been sent a PIR before the inspection, the PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people, four members of staff, the registered manager, relatives and an external social work professional.

We spent time observing care and support being provided. We read three people's care plans medicine administration records, recruitment files for staff, supervision records for staff, and mental capacity assessments for people who used the service. We also looked at other records which related to the management of the service such as training records, policies and procedures.

The last inspection of the home was 12 February 2014 where we found the regulations were being met and no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe and did not have any concerns. One person said “It’s good.” One staff member said “People are safe; we work really hard to protect them.”

Despite this we found risks to individuals were not always appropriately managed. Risk assessments for people were not detailed and there was little information, in most of the care plans that we looked at, around what the risks were to people and the measures needed to be taken to reduce the risk of harm. The risk assessments we saw around people’s behaviours, moving and handling, nutrition, skin care, personal care, communication needs, medication management, continence management or social activities had not been updated. One person had a history of a behaviour which could potentially put staff and other people at risk but the assessment around how to support this person had not been reviewed since February 2015 although the guidance stated it should be reviewed in August 2015. This meant that agency staff and new staff did not have up to date guidance on how to support the person through periods of anxiety which had led to two reportable incidents. One person experienced epilepsy but their risks assessment had not been updated since February 2015.

We saw evidence from the provider visit in July stating that “Some risk assessments and behaviour guidelines require review.” This action was to be implemented by August and had not been completed.

The registered manager had not reviewed incidents and accidents that affected the health, safety and welfare of people. Incident forms had not been completed since December 2014 although we were aware of incidents that had happened after this date. The registered manager stated that they did not audit this process of look at individual outcomes for each incident. There had been incidents of behaviours that challenged others from people at the home, these incidents had not been logged or actions identified to support the ongoing risk to people.

People did not have PEEPs (personal emergency evacuation Plans) in case of fire or emergency. This is a plan that should be tailored to people’s individual needs and gives detailed information to staff about supporting

people movements during an evacuation of the home. This was identified as a need for improvement by the residential service manager in August but had still not been completed.

As people were not always protected from risk of harm this is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not sufficient members of staff on duty to meet the needs of people. At the beginning of the inspection the registered manager told us that there should be five carers on duty throughout the day and at night one sleeping staff and one waking staff. However the registered manager said that they were short of full time employed staff and that they have to work as a carer to ‘make up the numbers’. They said that at present they had 4 staff vacancies.

The registered manager said that they regularly used agency staff and that there was at least two agency staff on duty each day. We saw this to be the case on the day of our inspection. The registered manager said that not having a regular staff team has “A massive effect on people and it has been an unsettled time, and people don’t cope well with all the different staff faces.” They said that as they have to spend so much time working as a care staff there are other managerial areas that have been neglected, such as auditing and staff supervision.”

We spoke to a staff member who said that there should be a keyworker system in place however due to the lack of permanent staff this was not happening at the moment, and that it was ‘hard going working with so many agency staff.’ We were told routines could not be consistent for people and for those people that experienced autism routines and minimal change are really important. They said this had an impact on people’s behaviour. It also impacted on people as the agency staff did not understand people’s needs.

We saw on the day one agency staff who was employed for one to one support of a person not interacting with the person at all, at one point the agency staff member rested their hands on the chair and closed their eyes as if falling asleep.

There was not always enough permanent staff deployed around the service this is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

Staff had a good understanding of what constituted abuse and the correct procedures to follow should abuse be identified. For example, one member of staff explained the different types of abuse and what the local authority safeguard protocols were. They said, "I would report anything to the registered manager or phone the local authority myself." The home is currently involved with the local authority regarding two incidents of concerns which had had been reported in a timely manner and involved agency staff. There was a safeguarding poster displayed on the notice board so that people and visitors to the home knew how to raise concerns.. However we recommend that the home obtain an updated version of the local authority safeguarding procedures.

Medicines were stored appropriately. The medicine cabinet was kept locked and only appropriate people were able to access the rooms. We looked at the Medicines Administrations Records (MARs) charts for people and found that administered medicine had been signed for. All medicine was stored, administered and disposed of safely. The policy covered receipt and administration of medications.

Where people had 'As required' (PRN) medicine there was no guidance for staff on when to administer this. We did

raise with the registered manager and were told that they would put them in place straight away. Staff had recorded the reason for giving the PRN medicines on the back of the MAR chart. We saw people being given their medicines in a safe way and with an explanation from staff.

Staff recruitment records contained information to show us the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

The premises were safe for people. Radiators were covered to protect people from burns; people's bedrooms were personalised. We saw fire equipment and emergency lighting were in place and fire escapes were clear of obstructions. Windows had the appropriate and safe restrictors in place.

The registered manager told us the home had an emergency plan in place should events stop the running of the service. Staff confirmed to us what they were to do in an emergency.

Is the service effective?

Our findings

Staff told us “I don’t get regular supervision.” The registered manager said that they had not had the time to hold regularly supervisions with staff.

Staff were not always supported to provide the most appropriate care to people. Staff members were not receiving regular supervision. We asked the registered manager for evidence of staff one to ones and appraisals. No evidence of one to ones was provided and staff confirmed that these did not always take place. They told us that they didn’t undertake formal one to one supervisions as they did not have time, although the service policy stated that these needed to take place. We saw that the registered manager had started to complete supervision forms for staff but none of the supervisions had taken place. There was a risk that people may not be effectively cared for as staff were not given the regular opportunity to develop skills through the exchange of information, observation and practical experience or review and discuss individual people’s welfare issues.

Out of 13 staff only two staff had received induction into working at the home. There was evidence that probationary periods and competencies within this period had not been assessed by the manager. This meant that the registered manager could not ensure people were competent to support or understands people’s needs at Redehall Cottage. Agency staff that came to work at the home had not always received support and induction into people’s needs. Which meant that they were unable to understand or support people with limited communication skills and autism.

Staff had not had appropriate induction, support and supervisions this is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA). They aim to make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom.

We saw that all the doors were locked to the outside and people could not leave the home without supervision from staff. The registered manager told us that one person had a

DoLS in place and another DoLS application had been submitted to the local authority for them to remain at Redehall Cottage. People were at risk of having decisions made for them without their consent, as appropriate assessments of their mental capacity were not completed. There was not enough evidence of mental capacity assessments specific to particular decisions that needed to be made. Where a best interest decision had been recorded there was not always an appropriate assessment in relation to this decision. There was not always enough detail about why it was in someone’s best interest to restrict them of their liberty where necessary. The registered manager told us that they understood what MCA assessments were but didn’t realise that these had to be undertaken for people who lived at the service.

Best interest meetings had not always been held and the process were not in place to follow best practice guidance in relation to assessing capacity, determining the outcome and holding best interest meetings. For those people who did not have the capacity to consent, staff were not fully adhering to the Mental Capacity Act Code of Practice. This meant that some people were being deprived of their liberty unlawfully and that the correct safe guards were not in place for some people.

Where people did not have the capacity to consent, the provider was not acting in accordance to legal requirements. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that one best interest discussion were inconsistent we only saw evidence of a best interest meeting held for one person. This best interest discussion had occurred were a person’s activity stopped due to ill health and increasing someone’s medication to manage their ill health. There was evidence that an independent advocate had been used recently for someone who lacks mental capacity and does not have family or friends to represent their views. The advocate represented a person’s views related to a decision regarding someone’s health. The registered manager was going to refer a person to the IMCA for a similar purpose.

Staff we spoke to understood that for some people who may lack capacity to make decisions regarding their health or finances could still make day to day decisions regarding what they eat, what they want to wear and what activities they want to do. One member of staff said “We give people

Is the service effective?

choice, support them to make informed decisions, give them time, re-assurance, keep them safe, it depends on the decision.” We observed staff giving people choices throughout the day such as where people would like to go and shop, what would they like to drink etc.

People were encouraged and supported to be involved in the planning and preparation of their meals. We saw that food choices were displayed in the kitchen. People were asked each morning their choices for the day and this was recorded in a book. Lunch was cooked by the registered manager as people were out of the house taking part in activities, everyone got involved in preparing the evening meal.

People had a choice about what and where they wanted to eat. People’s weight was monitored on a monthly basis and each person had a nutritional profile which included the person’s food allergies, likes, dislikes and particular dietary needs. Although staff had not needed to refer anyone to a dietician they explained to us that if a person had lost or gained an excessive amount of weight they would refer them for support to the GP or dietician for advice. All the weekly menus were agreed by people at a meeting every Friday. People who were unable to communicate verbally were supported to make their choice by using picture cards. On the day we saw picture cards in place throughout the home.

One person required a special diet (as advised by the Speech and Language Therapist) and this diet was followed. The fridge and freezer was full of food that offered a choice to people.

The tea and coffee were locked away as two people living there are unable to safely manage how much tea and coffee they drank. This was the least restrictive way of managing this, as too much tea or coffee would have had a detriment to the people’s health. People were offered cold drinks frequently and tea/coffee on a regular timed basis. We saw one person preparing themselves a coffee with support for a support worker. This showed us that the other people in the home were not affected by the tea and coffee being locked away. We saw people being offered choice of which juice they would like by the support worker showing the two bottles.

We saw that each person living at the home had a health action plan; this was completed by the registered manager but identified people’s health needs and how the care staff would best support people to access services like the dentist, opticians and specialist care if required. We attended a review of one person who was receiving a lot of input from health services to keep them well. We heard a discussion between the care manager (from social services) and the registered manager of the home in how best to support this person to access the correct health care facilities in a timely fashion. The keyworker had supported that person to attend a recent appointment with the health specialist and advocated on this person’s behalf to ensure that the treatment was in the person’s best interests.

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "I like it here." Relatives said that staff were kind and caring and worked hard to ensure people's needs were met. One relative said: "Staff are really caring, they helped my relative through some tough times"

We observed staff interaction with people. We saw companionable, relaxed relationships evident during the day. Staff were attentive, caring and supportive towards people. Care staff were able to describe to us each person's needs and they clearly knew people well.

Staff gave good examples of how they would provide dignity and privacy by closing bathroom doors. We observed staff calling people by their preferred names and knocking on bedroom doors before entering. One member of staff told us "People need their personal space, and we respect that."

People who had been assessed as requiring one to one support had this provided with consistency as the same member of staff was assigned to the person throughout the day. The registered manager was knowledgeable about people and gave us examples of people's likes, dislikes and preferences. We heard the registered manager and staff regularly ask people how they were.

We saw that people looked relaxed and comfortable with the care provided and the support received from staff. One person was heard talking to staff throughout lunch, seeking advice and support. We heard staff reply cheerfully and with kindness to their requests.

Staff told us how they had continued to support the person during a hospital stay at the request of healthcare professionals, who identified that the person responded better to staff from the service. Staff visited the person twice each day to support them with personal care and eating and drinking. Staff had also ensured that the

person's relatives were kept informed about their progress and had taken the person's favourite music to enable them to listen to this in hospital. One relative said "They really care, we couldn't ask for more."

Relatives told us that staff were always available if they needed to discuss their family member's care and that staff communicated with them well. One relative told us that they had valued the registered manager's communication with them during a period in which their family member had been unwell.

The registered manager told us they used a variety of communication aids to support people who were unable to verbalise their thoughts and preferences. Staff told us this included using pictures, speaking slowly and clearly and watching a person's body language. We saw on the day that pictorial symbols were displayed on objects throughout the home describing what they were for. For example drawers in one person room had signs for the clothes that were kept in them.

One staff said "I like to support people to have a choice in their care and how they spend their day."

People were well dressed and their appearance was maintained by staff. For example, with appropriate clothes that fitted and nicely combed and styled hair which demonstrated staff had taken time to assist people with their personal care needs.

We found that people's bedrooms were personalised, the staff told us that people liked certain colours and they had supported people to choose the colour of their bedroom, bedding and pictures etc. One person had their bedroom on the ground floor as they are unable to use the stairs safely. They had an en-suite which has been adapted to a level access shower, to enable them to have some independence with their personal care. The communal areas were well decorated, clean and well maintained.

Is the service responsive?

Our findings

One person said they had been supported to undertake activities, “I like going to the day centre and to work.” Another person said “I’m going out with family today.”

There were activities on offer each day and an individualised activity schedule for each person. On the day of our visit one person had been to the shops, other people were attending the day centre. One person had time on their swing. People’s activity logs listed a range of activities they had taken part in; such as college, exercise, cycling, money management, shopping, walks. The registered manager said the one of the main improvements in the service was “People’s level of activities.” Two people had part time office jobs; one person said “I like going to work.”

Records we viewed and discussions with the registered manager demonstrated a full assessment of people’s needs had been carried out before people had moved into the service. Some people had lived with the provider for 12 years so they knew them well.

Daily records recorded the care and support people had received and described how people spent their days. This included activities they had been involved in and any visitors they had received. One person’s daily records stated they regularly spent time at the day centre with friends. Another person’s daily records described how they had attended college and the positive impact this had on them.

Care plans comprised of various sections which recorded people’s choices, needs and preferences in areas such as nutrition, healthcare and social activities. Care plans contained information on a person’s personal life and life histories; who was important to them, their health plan and what they liked to do. We saw each area had not been reviewed regularly or updated when people’s needs changed. For example; people’s medicines profiles were dated Feb 2014 although their medicines had changed and were current on the MAR charts they were not altered in the

care plans or health action plans. We spoke to the registered manager about this and they said that this was another area of paperwork that they had not managed to keep updated as they worked so many hours providing direct care and support. This put people at risk of receiving inconsistent care.

People were not always involved in developing their written plan of care. In the care plans we viewed there was no evidence to show that staff had sat with people and developed or reviewed the care that they needed.

Relatives told us that staff were always available if they needed to discuss their family member’s care and that staff communicated with them well. One relative told us that they had valued the registered manager’s communication with them during a period in which their family member had been unwell. The relative said, “She was very good, she was in touch with us all the time and kept us up to date with everything.” One staff member told us, there was always a handover and the first thing they did was to read the communications book. They had written daily notes about people and would highlight any changes to the needs of the person.

People needed support on how to make a formal complaint due to their level of cognition and communication. The registered manager had ensured that information was displayed in an easy read format for people to see. Relatives we spoke to said that they had not made formal complaints. One relative said “I haven’t had to make a complaint.” There had been no formal complaints received since the service opened.

The registered manager showed us the complaints policy which was out of date and explained how they would deal with a complaint if one arose. The registered manager told us they would ensure the outcome of the complaint was fed back to the person concerned and actions implemented if necessary. The registered manager stated they would ensure the complaints policy was updated.

Is the service well-led?

Our findings

Quality assurance systems were not robust and were lacking in some areas. There was a lack of effective systems in relation to the audit and management oversight of the service. The registered manager told us that due to the short number of staff and them having to work as support staff, they had not had time to carry out of their managerial duties. They told us they had not conducted risk assessments or any formal monitoring of the service.

The regional manager stated they had undertaken some audits. We asked them to send us the information of audits they had undertaken after the inspection which they did. The audits undertaken by the regional manager showed that the registered manager did not have a robust in house process for monitoring the quality of the service.

The audits we saw from the regional manager identified in July that 'The service had not carried out the last weekly medication audit, MARS require two signatures when signing medication into the service – (only one signature) and not all staff have read and signed operational procedures. In August the provider audit stated 'The service has a COSHH file containing chemical data sheets, there needs to be evidence that these documents are reviewed and are current. There are a number of risk assessments which require review. Evidence of PEEPs could not be located during visit. There was no evidence the environmental risk assessment has been reviewed. Service contingency/emergency plans need thorough review. Some staff had read and signed operational procedures, checks need to be made to ensure that all staff have read and signed.'

We looked at care plans, accident and incident records, staff supervision, induction, recruitment and policy documentation to help us determine the quality of service provision. However, as there were no audits taking place this meant that people were at risk as there was not an effective way that staff could identify any issues or trends affecting people's care and welfare.

Documents used for the recording of accidents and incidents were not always fully completed. For example, some accident forms did not have a clear description of the event or the action taken. As audits were not taking place it

had not been identified that information such as actions to be taken to prevent recurrence or lessons learnt was. Other records we looked at were also out of date such as the complaints procedure, risk assessments and care records.

The service website stated that care is individual to the person and that people are supported by staff who have had specific training around their needs. It states 'Staff who join our team will be provided with excellent training and development opportunities.' We found that this was not always the case. Not all of the care staff had had training in autism or behaviours that may challenge others despite this being the primary reason for people living at the service. Staff told us they had been supported through their employment and were guided and enabled to fulfil their roles and responsibilities in a safe and effective manner.

The registered manager said that feedback from people, relative and external professionals had not been sought which meant the opportunity to listen to people and improve the quality of the service was missed.

As there were no robust systems and processes in place to improve the quality of the service and records were not maintained this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager did not have a computer to use within the home, to undertake all their managerial tasks. They said everything had to be done by hand and this slowed down process that should be in place.

We observed members of staff approach the registered manager during our inspection and observed an open and supportive culture with a relaxed atmosphere. Staff expressed their confidence in being able to approach the registered manager; even if this was to challenge or report poor practice. They told us they felt they would be taken seriously by the registered manager.

Staff told us they had staff meetings regularly and could always request extra meetings if they wanted to talk about anything. They said they were kept up to date in between meetings by the registered manager and during handovers. The staff showed us the communication books that were used regularly as a daily method of sustaining continuity of care.

Is the service well-led?

The registered manager had ensured that appropriate and timely notifications had been submitted to CQC when required and that all care records were kept securely throughout the home.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered provider did not ensure that people were protected from the risk of harm.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered provider did not ensure that there was always enough suitably skilled and trained staff deployed around the service to meet people's needs.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered provider had not ensured that people had the capacity to make decisions and that people had consented to care.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered manager had not ensured that there were robust systems and processes in place to improve the quality of the service. Or that accurate records were maintained.