Diamond Care (2000) Limited

New Redvers

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

New Redvers is a care home for people with learning disabilities located in Torquay. It is registered to provide accommodation and personal care for up to 19 people. On the day of inspection there were 12 people living at the home. The inspection was unannounced and took place on the 30 May and 2 June 2017.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always safe because there were not enough staff on duty, and on the premises, at night. We raised our concerns with the provider and the nominated Individual, who took immediate action and increased the staffing levels at night. A nominated individual is the providers representative and responsible for supervising the management of the regulated activity. Following the inspection, we shared our concerns about people's safety with the local authority's quality assurance and improvement and safeguarding teams.

We looked at home's quality assurance and governance systems and found these were not all effective. There were a variety of systems to monitor the home. These included a range of audits and spot checks, for instance, checks of the environment, medicines, care records, accidents and incidents, finances and people's wellbeing. Although some systems were working well, others were not effective, as they had not identified a number of concerns we found at this inspection. For example, the home's policies and procedures for fire safety at night, medical emergencies and missing persons were not accurate, up to date or being regularly reviewed. □

We discussed these findings with the nominated individual who assured us this had been an oversight and gave us assurances this had not placed people at unnecessary risk. Staff we spoke with were clear about the action they should take in the event of an emergency.

People told us they felt safe and were happy living at New Redvers, comments included "I feel very safe here," "If I have worries I would talk to my keyworker" and "I'm happy living here with my friends." Relatives told us they did not have any concerns about people's safety. People were protected from abuse and harm. Staff received training in safeguarding vulnerable adults and demonstrated a good understanding of how to keep people safe. There was a comprehensive staff-training programme in place. This included safeguarding, first aid, infection control, moving and handling, and food hygiene.

People were encouraged to make choices and were involved in the care and support they received. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how to support people within their best interests. People told us staff treated them with respect

and maintained their dignity. Throughout the inspection, there was a relaxed and friendly atmosphere within the home and staff spoke about people with kindness and compassion.

People and relatives told us they were involved in identifying their needs and developing the care provided. People's care plans were informative, detailed, and designed to help ensure people received personalised care.

People received their prescribed medicines when they needed them and in a safe way. There was a safe system in place to monitor the receipt and stock of medicines held by the home. Medicines were disposed of safely when they were no longer required. Staff had received training in the safe administration of medicines.

People were encouraged to lead active lives and were supported to participate in community life where possible. People were empowered to access support from a range of services, such as dentists, opticians, chiropodists, and GPs and staff worked alongside these organisations to support people when required. People spoke positively about activities at the home and told us they had the opportunity to join in if they wanted. Activities were designed to encourage social interaction, provide mental stimulation, and promote people's well-being.

People, relatives, and staff spoke highly of the management team and told us the home was well managed. Staff described a culture of openness and transparency where people, relatives and staff, were able to provide feedback, raise concerns, and were confident they would be taken seriously.

Throughout the inspection, we observed that the home maintained a high standard of cleanliness and steps had been taken to minimise the spread of infection. We saw the premises and equipment were clean and staff had been provided with aprons and gloves Records showed that equipment used within the home was regularly serviced to help ensure it remained safe to use.

We found 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 five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The home was not always safe.

There were insufficient numbers of staff on duty at night to meet people's needs and maintain their safety.

People were protected from harm as staff had the knowledge and skills to keep people safe.

People were protected from the risks associated with unsafe medicine administration because medicines were managed safely.

Is the service effective?

Good

The home was effective.

People were supported to make decisions about their care by staff who had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were cared for by skilled and experienced staff who received regular training and supervision, and were knowledgeable about people's needs.

People's health care needs were monitored and referrals made when necessary.

People were supported to maintain a balanced healthy diet.

Is the service caring?

Good

The home was caring.

People were supported by kind and caring staff.

People's privacy and dignity were respected and their independence was promoted.

People were involved in the planning of their care and were offered choices in how they wished their needs to be met.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's individual needs and gave them support at the time they needed it.

People benefited from meaningful activities, which reflected their interests.

People were confident that should they have a complaint, it would be listened to and acted upon.

Is the service well-led?

Requires Improvement

The home was not always well led.

The provider did not have an effective quality assurance system in place to assess and monitor the quality and safety of care and services provided.

Records were not always well maintained.

There was an open culture where people and staff were encouraged to provide feedback.

Staff felt they received a good level of support and could contribute to the running of the home.

New Redvers

Detailed findings

Background to this inspection

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

The inspection took place on the 30 May and 2 June 2017, the first day was unannounced. One adult social care inspector carried out the inspection. Prior to the inspection, we reviewed the information held about the home. This included previous inspection reports and statutory notifications we had received. A statutory notification is information about important events, which the home is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the home for instance, what the home does well, as well as any improvements they plan to make.

During the inspection, we met with all the people living at the home and spoke with eight people individually. On this occasion, we did not conduct a short observational framework for inspection (SOFI) because people were able to share their experiences with us. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care. However, we did use the principles of this framework to undertake a number of observations throughout the inspection.

We looked at care records for six people to check they were receiving their care as planned. We looked at how the home managed people's medicines, the quality of care and support provided, as well as records relating to the management of the home. These included maintenance records, three staff personnel files, staff training records, duty rotas and quality assurance audits. We spoke with four members of staff, the registered manager, and the nominated individual. A nominated individual is the providers representative and responsible for supervising the management of the regulated activity provided. We looked around the home, including some people's bedrooms with their permission, as well as the grounds. We also spoke with two relatives of people currently supported by the home. Following the inspection, we sought and received feedback from two health and social care professionals who had regular contact with the home.

Requires Improvement

Is the service safe?

Our findings

Staffing arrangements at night were not sufficient to ensure people's safety. Previously two members of staff had supported people at night. In February 2016, staffing levels had been reduced to one waking member of staff, who was supported by an 'on call' member of staff; however, this person was not on the premises. This meant that should the staff member need support in an emergency they would have to contact the 'on call' member of staff who might take some time to arrive at the home.

We explored this decision with the registered manager and nominated individual who told us they did not use a specific staffing dependency tool to determine staffing levels. They said they had undertaken a comprehensive review of people's needs and had taken into account the sleeping night staff member had not been called in the previous twelve months. A decision was taken to reduce the staffing levels at night between the hours of 21.00 pm and 07.00 am. We asked to see a copy of the review process to better understand the rationale behind this decision as well the potential impact for people who lived at the home. This was not available during the inspection.

We looked at the care needs for six people and found that people's safety at night could not be assured with the current staffing levels. There were insufficient staff on duty to meet people's needs in a safe and timely manner or in the event of an emergency. Most of the people living at the New Redvers had complex care needs associated with their learning disability or physical health. For instance, records showed one person required staff to check on them hourly throughout the night and sometimes required the use of emergency medicine. Another person required the use of oxygen therapy between the hours of 20.00 pm and 24.00 pm. Whilst records for another person showed they required the assistance of two staff members to support them with all aspect of their personal care and to transfer safely with the use of equipment. We found this person was potentially being restricted due to reduced staffing levels at night, as they required the assistance of two staff to assist them in and out of bed and meet their personal care needs.

We reviewed the provider's contingency plans to ensure people were kept safe in the event of a fire or other emergency. Each person had a personal emergency evacuation plan (PEEP). Records showed that eight of the 12 people currently living at New Redvers required assistant or prompting to leave the building in the event of an emergency or fire, including one person who required the support of two staff with their mobility. This meant that due to the staffing levels at night, people could not be assured they would be safe in the event of an emergency.

We raised our concerns with the nominated individual and provider who took immediate action and increased the staffing levels at night to one waking and one sleeping night staff who slept on the premises.

This was a breach of Regulation 18 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Following the inspection, we shared our concerns with the local authority's quality assurance and improvement team and safeguarding team so they could provide support to the home to manage the risk.

Other risks to people's health and safety were well managed. People were supported by staff who understood and managed risks effectively. People had a variety of needs relating to their learning disability and/or physical health. People's support plans contained individualised information about how to keep people safe at home and in the community. Staff knew the risks associated with people's care and how to manage and minimise these risks. For instance, where risks had been identified, in relation to people's personal care needs such as showering due to their mobility, management plans were developed and put in place to guide staff on how to protect and support people to shower safely.

Some of the people living at New Redvers had behaviours that could place themselves or others at risk if they became anxious or upset. Staff knew how to manage these risks and had been trained to 'de-escalate' situations and help people remain calm. There was clear information in people's support plans for staff to follow to help people manage their behaviour and to minimise the impact these might have on themselves as well as others.

At the time of the inspection there were 12 people living at the home. Rotas showed there were usually four support workers on duty during the day, who were supported by the registered manager Monday to Friday. One of these members of staff was a senior support worker who was responsible for administering medicines, arranging appointments, and completing various care records. Care staff were also responsible for general household chores, laundry, cooking, assisting people during meal times, providing, and/or supporting people to take part in activities. The registered manager and staff told us that everyone currently living at the home required some level of assistance with personal care. Throughout the inspection, we saw there were enough staff on duty during the day to respond to people quickly when needed.

People told us they felt safe and were happy living at New Redvers, comments included "I feel very safe here," "If I have worries I would talk to my keyworker" and "I'm happy living here with my friends." Relatives told us they did not have any concerns about people's safety. One relative said "People are safe and well looked after, [person's name] has lived here for many years and I have never had any concerns about the support and care she receives." A visiting healthcare professional said people always appeared to be happy and their needs were being met. We saw people were happy to be in the company of staff and were relaxed when staff were present.

People were protected by staff who knew how to recognise signs of possible abuse. Each person living at the home had been provided with a 'Keeping Safe' pack. The pack is designed to provide people with learning difficulties with support to live as independently as possible in their own homes. It contains 10 booklets entitled My Rights, The Law, Keeping Yourself Safe, Talking to the Police, Stay Safe from Fire, The Ambulance Service, The Coastguard, Keeping Safe Online, Support Services and Making a Complaint.

People told us if they had any concerns they would tell the registered manager or their social worker. There was guidance available in various formats to support people living at the home, visitors, and staff to alert the appropriate agencies if they were concerned about their own or the safety of others. This contained telephone numbers for the local authority and the Care Quality Commission. Staff demonstrated a good understanding of how to keep people safe and how and who they would report concerns to. Staff had received training in safeguarding adults and whistleblowing. Staff told us they felt comfortable and confident in raising concerns with the registered manager, as any concerns would be taken seriously, and thoroughly investigated.

Safe recruitment processes were in place. We looked at the recruitment files for three staff and found checks had been undertaken prior to their employment. For example, references from previous employers had been sought and disclosure and barring (police) checks had been completed. This helped reduce the risk of employing a person who may be a risk to people who use care and support services.

People told us they were happy for the home to look after their money and keep it safe for them. One person said, "They keep it safe for me and if I need any money I just ask." We looked at how the home managed people's money and found this was being managed safely. Records showed that receipts were obtained for all money spent and two staff signed these. The deputy manager checked all withdrawals against people's bank statements each month. The registered manger confirmed either families or the Court of Protection were involved in approving any large expenditure such as holiday as part of a best interest meeting: during the inspection, we saw one of these meetings taking place.

People received their medicines when they needed them and in a safe way. Medicines were stored safely and records were kept of all medicines received into the home. Staff told us they had received training in the safe administration of medicines and records confirmed this. Medicine administration records (MARs) showed people received their medicines as prescribed. We checked the quantities of a sample of medicines against the records and found them to be correct. The staff and registered manager carried out regular medicine audits and staff checked the recordings daily. This helped ensure that people received their medicines as prescribed and enabled potential errors to be picked up immediately.

Where people were prescribed medicines to be given "as needed," such as for the management of pain or anxiety, guidance had been provided for staff as to when this should be used. Each person's care file described how the person liked to take his or her medicines. For instance, records for one person described how they preferred to have their medicines placed in their hand which we saw happening during the inspection. In addition, each person's file contained a number of easy read medication information leaflets to help people to understand more about the medicine they had been prescribed. For example, what the medicine was for, what the medicine would do and what the possible side effects were.

The home was clean and well maintained; staff took responsibility for the cleaning alongside people who were living at the home. Staff were aware of infection control procedures, and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. Training records showed that staff had received training in infection control. Regular checks were undertaken in relation to general maintenance of the environment and safety of equipment.

Records showed that safety checks had been undertaken of the fire safety, electrical and gas installations. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire.

Where accident and incidents had occurred these were recorded including information about the time, location and who was involved. This was so the registered manager could review the information and take appropriate action to reduce any re-occurrence.

Good

Is the service effective?

Our findings

All of the people at living at New Redvers were living with a learning disability, which affected their ability to make some decisions about their care and support. Staff understood the importance of gaining people's consent when supporting them and enabling people to maintain control over their own lives. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in maintaining people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us they were involved in their care, had access to their records and their views had been sought in relation to any decisions being made about their care. Some people did not have capacity to make complex decisions about their health and welfare or finances. Where this was the case, people's records contained an assessment of their capacity and where decisions had been made in a person's best interests these had been recorded. Records showed decisions were specific, made in consultation with appropriate people such as relatives, and were being reviewed. For instance, one person living at the home had a mental capacity and best interests decision in order to give them medication covertly. We saw the best interests decision had been made in consultation with the person's GP, family, and the home. Staff explained that they always asked the person before they gave the medication covertly as sometimes they were happy to take their medication. Covert medication is the administration of any medical treatment in a disguised form. This usually involves disguising medicines by administering it in food and drink.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found nine people had been identified as having their rights restricted by their care and support plans. Records showed the appropriate DoLS applications had been made to the local authority. For instance, one person's liberty was being restricted to protect their safety by the use of equipment such as bed rails, lap straps and a high raise chair. Other people were under constant supervision and were not able to leave the home unescorted in order to keep them safe.

People were supported by well-trained and knowledgeable staff that knew them well and had the skills and training to meet their needs. Records showed that newly appointed staff undertook a comprehensive induction, which followed the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to help ensure care workers provide compassionate, safe and high quality care and support. As part of the induction process staff shadowed more experienced staff and

did not work alone until the registered manager was confident they had the right skills to carry out their role. One member of staff said, "Even though I have been trained to administer people's medicines I still have to complete my medicines training here before I am allowed to take on this role."

Records and certificates showed staff received regular training in core topics which including, safeguarding, Mental Capacity Act, safe medicine practices, first aid, infection control, moving, and handling. In addition to core training staff also had the opportunity to complete training specific to the needs of people they supported. Discussion with the registered manager and staff confirmed these training needs were regularly discussed within staff meetings, supervision sessions and when planning people's care arrangements. For instance, one person's plan stated that staff needed to understand and be trained in supporting people with epilepsy and the administration of emergency medicines. Records showed all staff had undertaken this training, staff told us this training had really helped their confidence in working with this person.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to carry out their role. Records showed staff received regular supervision and annual appraisals with a named supervisor. The registered manager and senior staff carried out observational supervision, competency assessments, and annual appraisals. In addition to formal supervision session's staff said, they were supported and felt they could approach the registered manager at any time. Staff comments included "We have a good supportive team," "The managers door is always open" and "I feel listen to and valued."

People were able to see a range of health care professionals when needed, and had regular contact with dentists, opticians, chiropodists, and GPs. People's support plans contained details of their appointments. Where changes to people's health or wellbeing were identified, records showed staff had made referrals to relevant healthcare professionals in a timely manner. Each person's support plan contained a health passport, which contained detailed information of the person's care and support needs. This helped to ensure people's wishes and needs were respected in an emergency. People were also offered opportunities to engage with preventative healthcare for example "Well Man" or "Well Woman" clinics at the local GP surgery if they wished.

People's support plans identified were they needed specific support to manage long-term health conditions. For example, one person had risks associated with the management of their epilepsy and their support plan contained guidance and protocols for staff to follow when they experienced a seizure. Staff received training in providing the required emergency medicines and knew when and who to notify if their seizures were prolonged. We spoke with staff about how they would support this person during these times. We found staff had a clear understanding of the condition, and what support the person needed, including emergency protocols. Health care professionals we spoke with said they did not have any concerns about the care provided by the home.

People were encouraged to develop their independent living skills and were supported in the planning and preparation of their meals. A 'training kitchen' provided a safer environment than the larger main kitchen where people were able to prepare drinks and snacks for themselves. People were encouraged to maintain a balanced healthy diet whilst enabling them to make choices for themselves. Support plans contained information about what people could do for themselves, their likes, dislikes as well as any allergies. People told us they liked the food and were able to make choices about what they had to eat. Meals were planned on a weekly basis and people choose what they would like. If someone did not like what was being cooked, they could have an alternative.

During the inspection, we observed staff supporting people to make their lunch. Staff told us some people required support to make healthy choices with meals due to health conditions or when trying to manage their weight. Although people were supported by staff to make healthy choices with meals, they were able to choose what they would like to eat. People told us the menu each day was on the board in the dining room but they did not have to have what was on the menu board. One person said, "The staff ask me every day what I would like for my lunch and tea."

People lived in a homely environment, which was clean, pleasant, and well furnished. There were a large dining room and lounge area with easy access to enclosed gardens. People's rooms were very individual to them and decorated with their own furniture and items of importance. There was some pictorial signage on people's doors and some adaptation specifically to meet the needs of people living at the home. For example, pictures of the daily menu to aid with their decision-making.

Good

Is the service caring?

Our findings

People said they were happy living at New Redvers and told us the staff were kind and helpful. One person said, "I like living here, we're like one big family." Another said, "People are really kind to me and I like them [meaning staff]". Relative's spoke highly of the care and support people received, their comments included, "The staff are great and always appear to be kind and caring", "They always have time for us when we visit" and "[person name] likes it here she's really settled and happy."

Where people did not want to share their experiences with us, we spent time in the communal areas observing the care and support being provided. People were relaxed and happy in staffs' presence and we heard friendly conversation and laughter. All the staff we spoke with said they enjoyed working at the home. Staff spoke positively and with compassion about the people they supported and it was clear people had developed good relationships with the staff who supported them.

People told us they were actively involved in making decisions about their care and support. People said they made choices every day about what they wanted to do and how they spent their time. One person said, "We have meetings all the time about what I want to do that's what we're doing today everyone is coming to talk about my holiday". Staff were calm, relaxed and confident in their role. Staff had a good understanding about people's likes and dislikes as well as important information about their past, interests, and relationships. Staff were familiar with people's communication methods and used this knowledge and understanding to support people to make choices and have control over their lifestyle.

Each person had a copy of their support plan, which they choose to keep in their bedrooms. Support plans were individualised and written in a person centred way, using a range of formats including symbols, pictures, and words. People told us this helped them to understand their care and support. Some people were happy to show and talk us through their support plans, One person said, "This is all about me and how staff should support me." Support plans were personalised and contained clear information about what each person could do for themselves and how staff should provide assistance. Records showed that people were fully involved in developing their support plans. Staff told us how they supported people to be as independent as possible and recognised that it was important that people were able to gain new experiences and take risks.

People were treated with kindness and respect: staff cared about people's wellbeing and went out of their way to make people feel happy and offer them choice. Staff were mindful of people's need for privacy. We saw staff knocking on people's doors before entering their rooms and when staff spoke with people about sensitive issues this was done in a way that protected the person's confidentiality. Each person had a key worker who supported them to develop their everyday living skills as well as new interests. Staff recognised what was important to people and encouraged people to challenge themselves, whilst recognising and respecting their lifestyle choices. People's bedrooms reflected their individuality and particular interests. For example, we saw one-person's room was decorated to reflect their love of their favourite football team. Family photographs were displayed and staff recognised the importance of these relationships. Relatives said they were made to feel welcome when they visited and felt the staff kept them well informed about

their loved one's care.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their needs and personal wishes. Staff spoke knowledgeably about people living at the home and gave us clear and detailed information about people's daily routines and how they preferred and needed to be supported. Prior to admission, the registered manager carried out an initial assessment of each person's needs to help ensure the home was able to meet their individual needs and expectations. This information was then used to develop a support plan.

People's support plans were informative and provided staff with detailed information on people's likes, dislikes and personal preferences, personal care needs and medical history. Each area of the plan described the person's skills as well as the support needed from staff or other services. Support plans were part pictorial to make them easier to understand; person centred and reflected how each person wished to receive their care and support. This helped staff deliver care and support in a consistent and personalised way and made them easier for people to understand. For instance, records for one person clearly described how personal care should be provided. Staff supporting this person said, "It is important for [person name] that we are all consistent as it can be quite scary having to rely on others to do everything for you."

Some of the people supported by the home could at times become anxious and display behaviours that may place either themselves or others at risk of harm. Support plans were detailed and contained information for staff on recognising the early signs of people's distress. Staff were guided about situations that might increase people's anxieties and about on how to support people at these times. During our inspection, we observed staff skilfully interact with people in ways, which reduced their anxiety and agitation. Relatives told us staff understood people's needs and preferences very well and staff were skilled at recognising when people were upset or if something was troubling them.

People told us and records showed that people were involved in developing their care and support plans and were asked how they felt about the care they received. For instance, staff had recorded in one person's support plan, "I don't want to feel like someone's job, I want to feel that people caring for me really get me." Another person said, "My plan, is about me, I have meetings with my keyworker and we talk about how things are going". When people were unable to contribute to the assessment process or develop their support plan themselves, staff involved family members and/or professionals in decisions that needed to be made. Each person had a designated key worker responsible for reviewing the person's support arrangements and personal goals. People were given the opportunity to sign and encouraged to take ownership of their support plans and contribute to them as much or as little as they wished. All of the files we looked at showed people were involved in decisions about their care. Relatives said staff actively encouraged their involvement in people's care and kept them fully informed of any changes.

People's support plans were regularly reviewed and updated to help ensure they accurately reflected the person's current care needs. When a person's needs had changed, this was documented during the review process and additional guidance provided for staff. Regular meetings were held with the person, appropriate family members, staff and health care professionals to help ensure staff had up to date

information to safely and correctly meet people's needs.

People were encouraged and supported to lead full and active lifestyles, follow their interests, and take part in social activities. People were encouraged to develop life skills such as doing their own laundry and cookery. Throughout the inspection, we saw people coming and going from the home independently and with staff support. Each person's support plan included a list of their known interests and staff supported people on a daily basis to take part in things they liked to do. For instance, one person said they enjoyed going to the disco at a local social club and the local pub on a Friday. People told us how they benefitted from going to local community groups where they had been involved in a gardening project and making new friends.

We saw people socialising in the home as well as going out to meet with friends and family. One person told us how they used public transport each week to visit their family and friends. People had personal belongings to help occupy their time and the dining room had a range of reading and craft material for people to use if they so wished. People were supported to plan holidays away from the home and people were keen to tell us about the plans they had made to go to Eastbourne and Blackpool later in the year.

People told us they were encouraged to share their views and raise concerns. One person said, "If I was unhappy or upset I would talk to [staff name] my key worker or the manager." Relatives were confident the registered manager would deal with any issues or concerns promptly. The home used different methods to provide information and to listen and respond to people. There were regular house meetings where people could express their views and make their choices, for example with the meals they would like to prepare.

People and relatives told us they were aware of how to make a complaint and felt able to raise concerns if something was not right. The home had a policy and procedure in place for dealing with any concerns or complaints, which was made available to people and their families. This was clearly displayed on the home's notice board and available in various formats to support and guide people who lived at the home, visitors, and staff to alert the appropriate agencies if they had any concerns. The procedure was clear in explaining how the complaint should be made and reassured people that any concerns would be responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

Some aspects of the service were not well led. We looked at the home's quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality and safety of the services provided at New Redvers. There were a variety of systems to monitor the home. These included a range of audits and spot checks, for instance checks of the environment, care records, medicines, nutrition, activities, infection control, health & safety, and accident and incidents.

Although some systems were working well, others had not been effective as they had not identified the concerns we found during this inspection. For example, the home policies and procedures for fire procedure for night staff, medical emergency action plan and missing persons procedures were not accurate, up to date or being regularly reviewed. All these policies referred to actions that should be taken by the waking night and sleeping staff member. This meant these policies and procedures had not been updated or reviewed followed the decision to reduce staffing levels in February 2016 and, as such, did not provide staff with clear guidance of what they should so in the event of an emergency and did not demonstrate good governance. In addition, the review process leading to the decision to reduce the number of staff available at nights had not properly taken into account the known risks associated with people's health and support needs. As a result, people safety at night could not be assured.

This was a breach of regulation 17 (1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities)

People, staff, and relatives told the home was well managed, and described the management team as open, honest and approachable. One relative said, "The manager is very good, I can't fault her she does a fantastic job." Staff were positive about the support they received and told us they felt supported and valued by the deputy and registered manager.

There was a positive culture within the service. The registered manager had clear visions and values about how they wished the service to be provided and these values were shared by the whole staff team. Staff talked about personalised care and promoting independence and had a clear aim about improving people's lives and opportunities. Staff spoke with enthusiasm about their work and the people they supported and were proud of people's achievements.

The registered manager took an active 'hands on' role within the running of the home and had good knowledge of the staff and people who lived there. The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the appropriate level made decisions about the day-to-day running of the home. Staff knew whom they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty, through handover meetings and regular staff meetings. These meetings facilitated the sharing of information and gave staff a forum to share ideas and the opportunity to discuss specific issues or raise concerns. Specialist support and advice was sought from external health and social care professionals when needed. For example from the speech and language team (SALT) for people at risk of choking when eating and intensive assessment and treatment team (IATT) to support people with their

anxieties and behaviours.

People told us they were involved in the running of their home. People were encouraged to share their views and were able to speak to the registered manager, when they needed to. Meetings were held every Sunday to discuss all aspects of people's care and support provided for instance, staff support, meals, activities, how to make a complaint if they have any worries or any concerns, and how to stay safe in the home and when they went out.

The registered manager maintained their own professional development by attending regular training and keeping themselves updated with best practice. They were aware of their responsibilities under Regulation 20 of the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

The registered manager had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities.

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 17 HSCA RA Regulations 2014 Good governance Records were not accurate, complete, or well maintained. Regulation 17 (1)(2)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient numbers of suitably qualified, competent and skilled staff employed to meet people's needs. Regulation 18(1)