Bavani Care Home Limited

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## 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? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

About the service:

- Bavani Care Home Limited is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.
- This service provides support to people with mental health care needs. Some of the people using the service also have behaviours that might be considered challenging and/or a learning disability. The service was registered to support nine people. At the time of our inspection seven people were using the service.

People's experience of using this service:

- This inspection was the service's first CQC inspection and we found evidence to support an overall rating of 'Requires Improvement'.
- This was because we found the provider had failed to ensure controlled drugs were always managed safely in terms of staffs' safe management of medicines training and the way they stored and recorded the use of controlled drugs.
- Refer to end of full report for details of action we have asked the provider to take in response to this breach of regulations.
- Also, although staff were suitably trained to meet the needs of most of the people they supported, we found some gaps in their knowledge and skills.
- We have made a recommendation about improving staff training.
- Furthermore, although people could freely access their bedroom, the wider community and most of the communal, there was restricted access to the kitchen. This meant pope could not access the kitchen without staff support.
- We discussed this issue with the registered manager who agreed to keep sharp knifes in a locked space within the kitchen, therefore reducing the risk associated with people using knifes to cook. This would enable people to freely access their kitchen facilities unsupervised. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.
- Finally, although the provider had established some governance systems to monitor the quality and safety of the service provided, they had failed to identify all the issues we found during our inspection (See above).
- We discussed this matter with the registered manager and owner who agreed to review and improve the effectiveness of their governance systems. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.
- The negative points described above notwithstanding people using the service, their relatives and professional representatives all told us they were satisfied with the standard of care and support provided by Bavani Care Home Limited.
- People received support from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy.
- The service had safeguarding procedures in place and staff had a clear understanding of these procedures.

- Risks to people had been assessed and were regularly reviewed to ensure people's needs were safely met.

- The provider had a culture of learning lessons when things went wrong.
- Appropriate staff recruitment checks took place before new staff started working for the service. There were enough staff available to meet people's care and support needs.
- The service had procedures in place to reduce the risk of the spread of infection.
- Staff routinely sought the consent of the people they supported ensuring they had maximum choice and control of over their lives.
- People were supported to maintain a nutritionally well-balanced diet.
- People received the support they needed to stay healthy and to access physical and mental health care services as and when required.
- Staff met people's spiritual and cultural needs and wishes.
- People were encouraged and supported to develop their independent living skills.
- Assessments of people's support needs were carried out before they started using the service. People's care plans developed from these assessments were personalised and routinely reviewed to ensure they remained up to date.
- People had been consulted about their support needs and involved in helping staff develop their care plan.
- People were supported to participate in meaningful activities at home and in the wider community that reflected their social, educational and vocational needs and interests.
- People were supported to maintain relationships with their relatives and other people that mattered to them.
- People's concerns and complaints were dealt with by the provider in an appropriate and timely way.
- People's end of life care wishes were clearly recorded in their care plan.
- Management support was available for staff when they needed it.
- The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives, professional representatives and staff.
- The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support.

Rating at the last inspection:
This service was newly registered with the CQC in April 2018 and therefore this inspection represents the first time they have been inspected and rated by us.

Why we inspected:
This unannounced comprehensive inspection was part of our scheduled plan of visiting new services within 12 months of them being registered by us. The inspection was carried out to check the safety and quality of the care and support they provided people using the service.

Enforcement:
At this inspection we identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around the safe management of medicines.

Follow up:
The provider has a legal responsibility to send us a written report of the action they are going to take meet the breach of regulations we identified in this report, which we will follow up they have implemented at their next inspection.

In the interim, we will continue to monitor the service to ensure that people receive safe, compassionate,

high quality care. Further inspections will be planned for future dates in keeping with our inspection methodology for services rated Requires Improvement overall.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Requires Improvement

The service was not always Safe.

Details are in our Safe findings below.

**Is the service effective?**

Requires Improvement

The service was not always Effective.

Details are in our Effective findings below.

**Is the service caring?**

Good

The service was Caring.

Details are in our Caring findings below.

**Is the service responsive?**

Good

The service was Responsive.

Details are in our Responsive findings below.

**Is the service well-led?**

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

# Bavani Care Home Limited

**Detailed findings**

## Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
One inspector was involved in carrying out this inspection.

Service and service type:
This service is a 'care home' that can provide support for up to nine adults with mental health care needs.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
Our inspection was unannounced.

What we did:
Before our inspection, we reviewed all the key information providers are required to send us about their service, including statutory notifications and our Provider Information Return. We used all this information to help inform our inspection planning. We also received email feedback from three external NHS mental health care nurses who had several clients using the service.

During our inspection we spoke in-person with five people using the service, two visiting relatives and a community mental health nurse, the registered manager, the owner and two support workers. We also looked at a range of records including; four people's care plans, five staff files and various documents relating to the overall management of the service. This included medicines administration record (MAR) sheets, accidents and incidents reports, the complaints log and quality assurance audits.

Requires Improvement

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People received their medicines as prescribed.
- People told us staff supported them to take their prescribed medicines safely and when they should. One person said, "Staff have helped me out a lot making sure I take my medicines on time."
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. This included clear guidance for staff regarding the use of controlled drugs and 'as required' medicines.
- Audits, which included checking running balances and stock checks of medicines, were routinely carried out by the deputy manager.
- However, although the service ensured people received their prescribed medicines as intended, staff did not always follow relevant national guidelines regarding the recording of medicines. We found an omission in the controlled drugs register where the registered manager and the owner had failed to sign and counter-sign the date, time, dosage and running balance of a controlled drug they had administered that day. This contradicted the provider's own medicines recording procedures and recognised best medicines practice. This meant it was unclear if people had received their controlled drugs on time, who had administered it and whether a second trained staff member had overseen the process to check the task was carried out safely.
- The provider had also not ensured that storage facilities for controlled drugs met statutory requirements, as medicines of this type were not kept together in a separate metal receptacle specifically designed for safe storage of controlled medicines.
- In addition, the owner and the registered manager both told us they were currently the only two members of staff suitably trained and therefore competent to safely manage medicines on behalf of the people using the service. The registered manager acknowledged there was a risk that due to circumstances beyond their control there might be instances where one or both of them might not be available to safely manage medicines in the care home. This meant the provider could not be sure there would always be sufficient numbers of suitably trained staff to administer medicines safely in the care home.

These issues represent a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns if they were abused or neglected.
- The service had effective safeguarding policies and procedures in place including a staff whistle-blowing policy.

• The registered manager and staff had received up to date safeguarding adults at risk training and knew how to recognise abuse and protect people from the risk of abuse.
• The registered manager had reported allegations of abuse to the relevant local authority safeguarding team and the CQC within the last 12 months.

Assessing risk, safety monitoring and management
• Community professionals told us the service had worked closely with them to assess and manage identified risks their clients might face. One visiting professional said, "I've been impressed with the way staff have supported my client to significantly reduce the number of incidents they have been involved with which due to their aggressive behaviour had put them, other people living in the home and staff in danger."
• Care plans included detailed risk assessments and management plans to help staff reduce identified risks people might face. For example, it was clear what action staff must take to reduce risks associated with people being verbally or physically aggressive, using sharp knives in the kitchen, smoking, eating and drinking, accessing the care home and the wider community safely, and managing their own money.
• Staff demonstrated a good understanding of what signs and triggers they needed to look out for which indicated a person might be becoming distressed and the action they needed to take to manage the risk.
• People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely in the event of an emergency.
• People using the service and staff routinely participated in fire evacuation drills.
• Staff had received fire safety training.

Staffing and recruitment
• There were enough staff on duty to support people safely.
• We observed staff were available when people wanted them and responded in a timely manner to their questions and requests for assistance.
• The provider operated safe staff recruitment procedures that enabled them to check the suitability and fitness of all new employees. This included looking at prospective new staff's proof of identity, right to work in the UK, employment history, previous work experience, employment and character references and criminal records (Disclosure and Barring Service) checks. The DBS check provides information on people's background, including any convictions, to help providers make safer recruitment decisions and prevent unsuitable people from working with people in need of support.

Preventing and controlling infection
• People were protected by the prevention and control of infection.
• People told us the care home was kept clean. One person said, "I like living here because it's always very clean", while a relative remarked, "The home looks very clean whenever I've visited."
• The provider had an infection control and basic food hygiene policies and procedures in place.
• Staff were trained in infection control and had access to supplies of personal protective equipment and knew how to prevent the spread of infection.
• Staff had access to equipment to maintain good food hygiene standards and had received basic food hygiene training. This helped ensure food was prepared and stored in a way that reduced risks to people of acquiring foodborne illnesses.
• The service had been awarded the top food hygiene rating of 5 stars by the Food Standards Agency in August 2018.

Learning lessons when things go wrong
• Staff understood the importance of reporting and recording accidents and incidents.
• When things went wrong we saw the registered manager responded appropriately and used this as a learning opportunity. For example, after a person had injured themselves in the garden when they tried to

scale a damaged fence, staff offered this person their own front door key and reinforced the fence in order to minimise the risk of similar incidents reoccurring.

Requires Improvement

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had most of the knowledge and skills they required to meet people's needs. For example, records showed all staff had completed mental health awareness training and a comprehensive induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Staff demonstrated a good understanding of their working roles and responsibilities and spoke positively about the training they had received. One member of staff told us, "The induction I had when I first started working here was excellent and I've been on lots of useful courses since."
- However, the aforementioned points described above notwithstanding, records indicated staff had not received any positive behavioural support, learning disability or epilepsy awareness training. This was despite supporting people with these needs and conditions, which the registered manager and staff confirmed. One member of staff said, "I don't remember having any learning disability, epilepsy or challenging behaviour training, which I think would be really useful since a few people living here have these needs."

We recommend the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people whose behaviours might challenge the service, have a learning disability or epilepsy.

Adapting service, design, decoration to meet people's needs

- People told us Bavani was a homely and comfortable place to live. One person said, "I feel at home living here."
- We saw people had unrestricted access to the open plan communal lounge and dining area, toilet and shower facilities, the rear garden with its smoking area and their single occupancy bedrooms, which people locked when they were not occupying them. Several people told us they had been given a key to their bedroom and the front door, which we saw they often used.
- However, although people had access to all the areas described above and the wider community; we found people had limited access to their kitchen. The kitchen remained locked when it was not in use throughout our inspection and would only be opened at the bequest of people using the service, providing there were enough staff available to supervise their access.
- This was confirmed by staff who told us people could ask to access the kitchen whenever they wished, but the door was kept locked when people were not using the kitchen because of the risks associated with some people using sharp knifes to harm themselves or others when unsupervised in the kitchen.
- We discussed this issue with the registered manager who acknowledged their policy of not allowing

people to access the kitchen without staff support was a restrictive practice, which contradicted people's right to move freely around their home. The registered manager agreed to keep sharp knifes in a locked space within the kitchen from now on, which staff would supervise access to and use of.

Progress made by the registered manager to achieve this stated aim will be assessed at their next inspection.

Ensuring consent to care and treatment in line with law and guidance.
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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- During our inspection we saw closed-circuit television (CCTV) cameras being used in communal areas, which included the lounge/dining area, kitchen and hallways. Staff told us they were aware CCTV was being used in the care home but had not officially consented to its use. Furthermore, we saw no signage warning visitors to the care home that CCTV was in operation in all the communal areas.
- We discussed this matter with the registered manager and the owner who both acknowledged the person they had installed the CCTV to monitor had moved onto a more suitable placement and therefore these surveillance cameras were no longer fit for their intended use. The registered manager immediately turned the CCTV off at the time of our inspection and agreed to completely remove the defunct system.
- People's care plans clearly described what decisions people could make for themselves.
- The registered manager had applied for DoLS on behalf of people using the service. We saw clear records of restrictions that had been authorised by the supervising body (the local authority) for people's protection and in their best interests, which were kept under regular review.
- Staff had completed MCA and DoLS training, understood who they supported lacked capacity and always asked for people's consent before commencing any personal care tasks.

Supporting people to eat and drink enough to maintain a balanced diet
- People told us the quality and choice of the meals they were offered at the service were 'good'. Typical comments included, "Staff always ask us what we want to eat so they can write our choices up on the weekly menus", "The food is alright here…Staff help us make what we want from the food I buy at the local shops" and "The food is fine, but I do prefer to buy myself a takeaway when I can afford it."
- People's care plans included assessments of their dietary needs and preferences.
- People were encouraged to eat and drink sufficient amounts to meet their nutritional needs and wishes.

Supporting people to live healthier lives, access healthcare services and support
- People were supported to stay physically and emotionally healthy and well.
- People using the service, their relatives and professionals told us the service helped them or their loved one live a healthier life. One person said, "The staff are much better here than the last lot who looked after us at my previous placement at making sure I get all the professional help I need to stay mentally well." A community professional also told us, "My client has very complex physical and mental health needs, which the staff have been able to manage by working closely with us and the local GP surgery."

- People's care plans set out for staff how their specific physical and mental health care needs should be managed.
- Staff ensured people attended scheduled health care appointments and had regular check-ups with their GP, community psychiatric nurses (CPN), dentist, chiropodist and consultants overseeing people's specialist physical and emotional health care needs.
- Staff told us if they had any concerns about a person's physical or mental health they would immediately notify the registered manager, so that appropriate support and assistance could be sought from the relevant external health care professionals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before they started using the service. These initial assessments were used to develop an individual's care and risk management plans as staff learnt more about the person.
- Care and support was planned and delivered in line with the individual assessments described above.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Feedback we received from people using the service and visiting relatives was positive about the standard of care and support provided at the home. People typically described staff who worked there as 'kind' and 'caring'. Comments included, "I like living here…The staff are really nice and are always helping me out…So much better that the last place I lived", "Staff treat you like a human here…To be honest they [staff] saved my life and have made it worth living again" and "My [family member] seems happy here and has settled in really well. There's a real family run feel to the place and all the staff seem very nice."
- Comments we received from external mental health care professional were equally complimentary. Typical feedback included, "Overall, I have been happy with the standard of care my client receives and the level of support staff offer them", "The staff are genuinely caring and supportive when it comes to managing my client's care and support needs…I would recommend the service to anyone" and "I have no concerns about the care and support the service provides my clients, who seem pretty happy there."
- People looked at ease and comfortable in the presence of staff. Conversations we heard between people and staff were characterised by compassion and warmth.
- People's spiritual and cultural needs and wishes were met.
- One person told us, "Staff take me to church on Sunday when I want to go and sometimes my friends from church visit me at home, which is nice." Another person remarked, "It's great so many of the staff are able to cook the Asian dishes I like and know what my religion doesn't allow me to eat."
- During our inspection we saw a person listening to an Asian music station on their own portable radio, which reflected their cultural heritage.
- Information about people's spiritual and cultural needs and wishes were included in their care plan.
- We saw the meal choices on the weekly menus reflected the ethnic diversity of people using the service. For example, Asian cuisine could be seen depicted on most of the four weekly menus, which several people told us was the food they liked to eat.
- Staff had received equality and diversity awareness training and demonstrated a good understanding of people's diverse cultural and spiritual needs and wishes.
- For example, staff knew about people's dietary requirements and who on religious grounds was not permitted to eat specific meat products, such as pork and beef. Staff also supported people who had expressed a wish to go to their preferred places of worship, which included a local church and a Hindu Temple.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected.
- People told us staff always addressed them by their preferred name and were not allowed to enter their bedroom without their expressed permission. One person said, "Staff will always knock on my bedroom

door and ask me if it's alright if they come in and see me", while another person remarked, "I've got a key to my bedroom, which I lock when I'm out so no one can go in there when I'm not about."

- Staff spoke about people they supported in a respectful and positive way.
- However, we saw some of the language used to describe people in their care plans was rather judgemental and negative in tone. For example, staff had used the words 'fussy' or 'picky' to describe two people's dietary habits.
- We discussed this issue with the registered manager who agreed to review everyone's care plan and where appropriate amend any inappropriate language staff had used to describe people, as well as remind them not to use words with such negative connotations in future.

Progress made by the service to achieve this stated aim will be assessed at their next inspection.

- People were supported to be as independent as they could and wanted to be.

One person told us, "Staff let me make my own hot drinks when I want and encourage me to make my breakfast in the morning." Another person remarked, "I can go out on my own when I want and sometimes I buy my own food to cook."

- People's care plans reflected this enabling approach and included detailed information about what people could and could not do safely for themselves.
- Staff gave us examples of how they supported people to maintain and develop their independent living skills, which included helping people prepare their own meals, budget their money, and travel independently on public transport. One member of staff said, "If people can do it safely, I will always encourage them to make their own hot drinks and do a spot of cooking. We bought this kitchen stool recently so [name of service user] can sit in the kitchen and help staff cook."

Supporting people to express their views and be involved in making decisions about their care

- People using the service, and where appropriate their relatives and external mental health care professionals, were encouraged to help staff plan and develop the package of personal care and support they received at the service.
- Care plans included people's views about how they wished to be supported.

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support which was responsive to their needs and wishes.
- Community professionals were complimentary about the person-centred care and support their clients received at the service. One professional told us, "Staff have good personal knowledge of my client's needs. During reviews, for example, the manager is able to give me detailed accounts of what has been happening to my clients medically and socially. They have a really positive person-centred approached here". Another professional remarked, "The service treats my client as an individual and I think that's why they enjoy staying at Bavani."
- People's care plans were person centred and included detailed information about people's unique strengths, likes and dislikes, communication needs and preferences for how they wanted their care and support to be provided. This reflected the Care Programme Approach (CPA), which is a type of care planning specifically developed for people with mental health care needs.
- If people's needs and wishes changed their care plan was reviewed and updated accordingly to reflect this.
- People were supported to make informed choices about various aspects of their daily lives. People told us they could choose when they got up and went to bed, when they had a shower, what they wore, what, when and where they ate their meals and what social activities they engaged in. One person said, "I can choose when and where I go out here, which I couldn't always do at the last place I lived. The staff are pretty good at letting us do our own thing." Another person remarked, "It was my choice to get up late this morning. I might go out later to the shops, but I haven't decided what I'm going to do yet."
- During our inspection we saw one person leave the service on their own, who had told us earlier they would be going to visit friends.
- The service identified people's information and communication needs by assessing them. Guidance for staff was provided in support plans to help ensure they could understand people and be understood. The service could provide information in various formats, such as a different language or large print for example and were aware of their responsibility to meet the Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand.
- People were supported to follow their social and educational interests and be involved with the local community.
- One person told us, "Sometimes I go out clothes shopping and to have my hair done at a local hairdresser with staff", while another person remarked, "I often go out and see friends or to the shops." A community professional added, "The staff show flexibility and creativity when meeting people's social needs and have helped several of my clients go to different day centres and keep in touch with family who don't live locally."
- Care plans reflected people's social, educational and vocational interests and needs.
- Activities people routinely engaged in included visiting local day centres and the adult education college

where people could socialise with others or attend a variety of classes, such as pottery, knitting and cooking. People also visit the local library, leisure centre, parks, pubs and cafes.

- Staff told us one person using the service worked as a volunteer at the local library.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they were unhappy with the standard of care and support they received at the service, and felt the process was easy to follow.
- The procedure was displayed in the service and set out clearly how people could make a complaint and how the provider was expected to deal with any concerns or complaints they might receive.
- A process was in place for the registered manager to log and investigate any complaints received, which included recording any actions taken to resolve issues raised.
- Records showed in the last 12 months people were satisfied with the way the registered manager had dealt with their complaint.

End of life care and support

- None of the people currently living at the care home required support with end of life care, although people's end of life care wishes were clearly recorded in their care plan.
- The registered manager said they would liaise with the persons GP, the mental health team and local palliative care professionals to provide people with the end of life care and support they had expressed they wanted, if and when it was required.

Requires Improvement

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider recognised the importance of monitoring the quality and safety of the service people received. For example, we saw records confirming that regular checks were carried out by the registered manager in relation to people's care plans and risk assessments, medicines management, health and safety of the environment, infection control, accidents and incidents, and staff's recruitment, training, supervision and record keeping. In addition, the owner told us they routinely undertook unannounced spot checks at the care home, including at night, to monitor and assess staff's working practices.
- However, although the provider had governance systems in place, these were not always operated effectively. This was because they had failed to identify all the issues we identified during our inspection, such as unsafe storage and recording of controlled drugs, staff not suitably trained in some aspects of their role, the inappropriate use of judgmental language in some people's care plans and restricting people's access to the kitchen unnecessarily.
- We discussed these oversight and scrutiny issues with the registered manager and owner who both agreed to review and improve the effectiveness of their governance systems.

Progress made by the service to achieve this stated aim will be assessed at their next inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service has had two managers registered with us in its first year of operating. The new registered manager has been in post for four months. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered people. 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.
- There were clear management and staffing structures in place. The registered manager was supported by the owner who managed another care home for people with mental health care needs in the same area. The owner told us they divided their time equally between the two services, which staff confirmed.
- People using the service, their relatives and professional representatives and staff working at the care home all spoke positively about the way the service was managed. Typical feedback we received included, "The owner and registered manager seem very nice. They're both very approachable", "I think we [staff] have an excellent team spirit here and work well with the manager and owner" and "The registered manager is a good guy who I've always found to be very supportive of me and my work."
- The registered manager demonstrated a good understanding of their legal responsibility to notify the CQC without delay about incidents that affect the service and people using it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted an open and inclusive culture which sought the views of people using the service and their representatives including, relatives and external mental health and social care professionals.
- The provider used a range of methods to gather people's views which included, regular individual meetings with their designated keyworker and group house meetings with their fellow service users, care plan reviews and satisfaction surveys. Satisfaction surveys people had completed were in the main positive about the standard of service provided at the care home.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during individual meetings with the registered manager or team meetings with their co-workers.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was aware as soon as their inaugural CQC inspection report and rating were published they would be required to display them clearly in the care home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The provider had a clear vision and person-centred culture that was shared by the registered manager and staff. The registered manager told us they routinely used group and individual supervision meetings to remind staff about the providers underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The provider worked closely with various local authorities and community health and social care professionals and bodies to ensure staff followed best practice.
- External mental health care professionals told us they had a good working relationship with the service. Typical feedback included, "They [the provider] continue to work collaboratively with our mental health community team and during our joint appointments held in respect of my client", "Staff always seek my advice about developing risk management plans to keep my client safe" and "We've always had excellent communication with the manager who I regular meet to review and discuss how best they can meet my client's needs."
- The registered manager told us they were in regular contact with people's mental health and social care professional representatives and welcomed their views on service delivery. They gave us a good example of how they had worked closely with a GP and Community Psychiatric Nurse to review one person's changing mental health care needs. This resulted in a more suitable placement being found for this individual with the mutual consent of all the interested parties including, the person using the service.
- The provider had good links with other resources and organisations in the wider community including, the local library, day centre, adult education college and an organisation called Community Circles, which supports people meet their spiritual needs and wishes.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The registered person failed to ensure the proper and safe management of medicines at the service. This was because not enough staff were suitably trained and competent to manage medicines safely on behalf of people using the service and controlled drugs were not properly stored and recorded in line with current safe management of medicines legislation and guidance. Regulation 12(2)(g) |