The Oaklea Trust

Lowther Park (Adult Care Home)

Inspection report

The Oaklea Trust
42 Lowther Park
Kendal
Cumbria
LA9 6RS

Tel: 01539731159
Website: www.oakleatrust.co.uk

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 24 October & 31 October 2018 and was unannounced on the first day.

Lowther Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Lowther Park (Adult Care Home), (Lowther Park), provides personal care and accommodation for up to seven adults who have a learning disability. The accommodation is provided in two semi-detached houses which have been adapted and turned into one property. The home is arranged as two areas with four people living in one side of the premises and three people living in the other side of the home.

There was a registered manager employed in the home. 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.

At the last inspection in August 2017 the service was rated overall as Requiring Improvement and we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a breach of Regulation 18: Staffing as we found that there were not enough staff working in the home to ensure people were safe living there. And a breach of Regulation 17: Good governance as the registered provider had not taken action promptly in response to the concerns raised by the staff about the staffing levels.

We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe and Well-led to at least Good and thereby meet the regulations.

At this inspection, October 2018, we found the actions required to address the particular issues found at the August 2017 inspection had been completed. However, we found further breaches and the service continues to have the rating of Requires Improvement.

This was because the service had not been developed and designed in line with the values that underpin the Registering the Right Support and Building the Right support guidance. These values include choice, promotion of independence and inclusion. If applied these would allow people with learning disabilities and autism using a service to live as ordinary a life as any citizen.

We found that the way support was organised at Lowther Park meant that people were expected to go to day services during the week and staff were not provided within the home across the day time. People's choice was being compromised and some people had made it clear they no longer wanted to attend day services. Staff spoke of rushing some people in the morning and they were concerned that this was de-

skilling them. The home was not providing care and support that was person-centred, reflected their preferences and was designed in-line with nationally recognised evidenced-based guidance. This is a breach of Regulation 9: Person-centred care.

The provider was working with the local authority to explore a new model of support but this had yet to be decided. We found that this model had an impact in a number of different ways for people living in the home and this is reflected across the report.

While we now found that there were enough staff working in the home to ensure people were safe the way staff were deployed meant that people did not have choice of how to spend their day. This is a continued breach of Regulation 18 Staffing.

However, within the confines of this model it was clear that staff worked hard to offer people as much choice as possible. We observed in the home staff giving people options and choices and supporting people's individual interests and hobbies. Although attending day service was the expectation staff did try to accommodate people who expressed that they didn't want to go by offering to work extra shifts at short notice. If someone was not well then this was always accommodated.

People who could share their views told us they liked living at Lowther Park and said they felt safe there. They told us they liked the staff who worked in the home and we saw people were comfortable and relaxed around the staff on duty. The staff treated people in a kind and friendly way.

People received the support they required to maintain good health. Medicines were handled safely and people received their medicines as they needed. The staff in the home took prompt action to obtain medical advice when a person showed signs of ill health. People were supported to access appropriate health services as they required.

The staff were well trained and competent to provide people's care. Systems were in place to identify when training needed to be repeated to ensure staff knowledge and skills were up to date. Staff received support and supervision to enable them to undertake their roles effectively.

Staff understood and were trained on how to deal with any allegations of abuse and records we looked at confirmed investigations had been completed in-line with local safeguarding guidance.

The principles of the Mental Capacity Act 2005 were understood by the registered manager and the staff team. However, people were not always supported to have maximum choice and control of their lives.

Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People were included in planning their care and staff knew people well and understood how they expressed their wishes and communicated. The home made good use of a range of ways to help with communication, such as easy read materials, signage and technology to aid people's understanding and participation.

People were included in planning and preparing meals and drinks that they enjoyed. Staff knew the importance of promoting people's independence and supported people to do as much as possible for themselves.

The service was well-led with an open inclusive culture promoted by the registered manager and staff.

People living in the home were encouraged to engage and participate in the running of the service and to have a voice, such as in the selection of staff and to attend local and national conferences. Staff spoke highly about the registered manager's support and leadership.

The provider undertook a range of audits to check on the quality of care provided. We found the provider was keen to consult with people in the home and other stakeholders, such as relatives, as to the future model at Lowther Park.

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 service was not always safe.

There were not enough staff across the week to meet people's needs and choices.

Medicines were handled safely and people received their medicines as they needed.

Safe systems were used when new staff were employed to check they were suitable to work in the home.

Is the service effective?

Good

Staff were well trained and supported for their roles.

People were included in planning and preparing their meals and drinks and enjoyed the meals provided.

The principles of Mental Capacity Act (2005) were followed and people's rights were protected.

People were supported to access appropriate health care services as they needed.

Is the service caring?

Good

The service was caring.

The staff in the home knew people well and supported people to make choices about their lives and care.

People were supported to carry out tasks themselves and their independence was promoted.

People had access to independent advocacy services that could support them to express their wishes.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not have full choice of how to spend their time. This was led by the service model that relied on built-in day services for people.

Staff in the service were good at giving people choice while at home.

People were supported to maintain relationships that were important to them.

The registered provider had a procedure for receiving and managing complaints about the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not have effective systems in place to make sure they assessed and monitored their service in response to the changing needs and wishes of people who use the service.

There was a registered manager in post who was suitably qualified and experienced. People who lived in the home knew the registered manager.

The service worked in partnership with other agencies.

There was an open culture within the staff team.

Lowther Park (Adult Care Home)

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 24 October & 31 October 2018 and was carried out by one adult social care inspector.

Prior to the inspection we looked at all of the information we held about the service. This included any allegations of abuse, any incidents, feedback and notifications that the provider is required to send to us by law. We also looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted local health and social care commissioning teams to obtain their views of the home. We used a planning tool to collate all this evidence and information prior to visiting the home.

There were six people living in the home when we carried out our inspection. Some people had complex needs and could not easily share their views with us. During our visit we spent time with people who used the service. We observed how staff interacted and supported individuals. We spoke with the registered manager, the provider's operations manager and four support staff. We also looked at a variety of records to understand the experiences of people who used the service. This included four care files and associated records, three staff files, duty rotas, training, audits and records relating the management and oversight of the service.

Requires Improvement

Is the service safe?

Our findings

At our visit to the home on August 2017 we found a breach of Regulation 18: Staffing of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there were not always enough staff employed in the home. Staff told us there were times when there were not sufficient staff working in the home to keep people safe. This was addressed soon after the inspection by the provider and resulted in people being reassessed to check whether their needs could be met by the home and additional staff were made available.

We found at this inspection October 2018 that staffing levels were sufficient to keep people safe and to meet their needs when they were not at day services. However, staff were not deployed and at levels that met people's full needs. On checking staff rotas we saw that staff worked split shifts and the home was not staffed across week days.

Staff told us that they often had to rush people in the morning to get ready for the transport to day services. Some staff told us that they were concerned that this took away people's skills as it was quicker to do things for people rather than go at their pace. Staff told us that this was particularly the case with those people who were getting older and naturally slowing down. People had to be woken at 7.00am to be ready for the transport to day services.

We found this to be a continuing breach of Regulation 18: Staffing as there were not sufficient numbers of staff deployed in the home to meet people's changing needs.

People who lived at this service were not easily able to tell us their views. One person who could told us that they liked the staff and were always happy with how they treated them. We saw that people looked comfortable and relaxed in the home and with the staff who were supporting them. A relative told us, "I'm confident that [name] is safe and more than happy with how well they are being well cared for. There's nothing I don't trust the staff with."

People had their support delivered by staff suitable for their role. Recruitment procedures were in place and were being followed in practice to help ensure staff were suitable for their roles. This process included making sure that new staff had all the required employment background checks, security checks and references taken up. We saw relevant references and checks from the Disclosure and Barring Service (DBS) had been obtained before applicants were offered their job. A DBS check is to determine people's suitability to work with vulnerable people.

People were protected from the risk of potential abuse. Staff told us that they had received training that ensured they were able to protect vulnerable people from bullying, harassment and avoidable harm. They were able to explain how to identify and report different kinds of abuse. One person living at Lowther Park was supported by staff to be a safeguarding lead for the organisation and attended local and national training and conferences.

Staff felt confident to report concerns to management and external agencies about potential abuse and poor care practices. One staff member told us, "I've never witnessed anything untoward here but I know I can challenge poor practice. I feel comfortable to do this. I have faith they would follow up any problems. It's a very open culture here. No bad practice would go unchallenged."

People who lived in the home were included in assessing and ensuring the safety of the service. They were given roles for checking certain areas of the home, like fire safety. This was communicated and displayed using easy to read signage.

Health and safety risk were assessed and checked through maintenance contracts, fire checks, gas and electrical installation certificates and infection control audits. We walked around the building and found it safe and secure. Good infection control measures were in place. We saw records related to the premises and to the equipment in the home. The environment was as safe as possible. The service had a good contingency plan in place for any potential emergency.

Staff knew triggers to people's behaviours which could place them at risk. Care records contained individual risk assessments and the guidance necessary to keep people safe without reducing their freedom unnecessarily. These risk assessments were up to date, regularly reviewed and gave clear steps for staff to follow. This enabled people to safely take part in activities both in the home and outside.

There had been no reports of any accidents or incidents in the home but the staff we spoke with understood their responsibilities in reporting and dealing with any serious incidents. The provider had suitable policies and procedures in place.

People's medicines were stored securely to prevent them being misused and good procedures were used to ensure people had the medicines they needed at the time that they needed them. All the staff who handled medication had received training to ensure they could do this safely. People received their medicines in a safe way and as they had been prescribed by their doctor, this helped to ensure that they maintained good health.

Good

Is the service effective?

Our findings

People received support from staff trained to undertake their role effectively. Staff had relevant training to support their continued learning in their work. Speaking with staff and looking at records confirmed staff had received training in areas such as safeguarding, infection control, health and safety, medicine management, mental capacity and fire safety.

Staff received specialist training from healthcare professionals to enable them to provide support where necessary to specific people with complex health needs. There was a good mix of staff skills and knowledge across the staffing team which ensured people received effective care. There was a training plan in place which the registered manager and provider used to identify when staff were due for refresher courses to help them remain up to date with their knowledge.

All of the staff we spoke with told us they felt very well supported by the registered manager. Staff understood their role to promote people's independence whilst they maintained safe standards of practice. Supervision records showed staff discussed their wellbeing, areas of personal responsibility and the support they needed to be effective in their role and to identify any training needs.

Staff received an annual appraisal where they discussed their responsiveness to people's needs, providing a quality service and involving people in their care. Staff we spoke with were very positive about the support they received. One staff member told us, "We get great support and the staff team all pull together. We work like clockwork together." The registered manager maintained a schedule of supervisions and appraisals and ensured any follow up actions were implemented.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 when this is in their best interests and legally authorised under the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met. We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this subject, and people who used the service had been assessed to determine if a DoLS application was required. We looked at the care files of people who had an authorised DoLS. We saw this was detailed in a care plan, which clearly described any imposed conditions to act in a person's best interests.

The service did not advocate restrictive practices or the use of restraint to exert control over people who may show behaviours that may be described as challenging. Staff were trained in positive behaviour support. This ensured the person's needs were being met in the least restrictive way.

People were very well supported to maintain their healthcare needs. The service was effective in seeking the advice of health professionals to ensure risk assessments were completed with the input of those with specialist skills. People's care records showed they had regular input from a range of health professionals such as General Practitioners (GPs), district nurses, the behavioural team, psychologists and speech and language therapists (SALT). Care plans reflected the advice and guidance provided by external health care professionals.

A healthcare professional told us that they had an excellent relationship with the home and that staff were well briefed on people's needs. People had up to date Healthcare Passports to take with them in the event of going to hospital or to another service. These contained key pieces of information for medical and hospital staff to assist with smooth transition between services, such as communication needs.

People's nutritional needs were assessed and monitored, including support with weight management and advice from dietitians. People were well supported by staff to maintain a healthy lifestyle. People's independence in this area was promoted through encouraging them to shop for food and also to prepare meals. Most people were helped to make up a packed lunch to take to day services. Staff encouraged people to eat as healthily as possibly whilst at the same time respecting their wishes to choose food that they liked.

The home had been adapted to meet the current needs of the people living there. For people with mobility support needs a ramp had been installed to the front of the house and aids were in place in bathrooms and toilets. The home had sought advice from an occupational therapist about the needs of some people who were experiencing age related mobility issues. The registered manager told us that these issues were being considered as part of looking at the model of care for the home and how the service could continue to meet people's needs as they became older.

Clear communication signage was in place for people, for example information about fire evacuation was displayed in picture formats. People had access to safe, secure & accessible garden areas.

Technology was being put to good use with some people. For example, one person had been supported to use the computer to chose a holiday using TripAdvisor and google maps to plan the trip. With another person a sensor mat had been used so that staff could more quickly respond to their needs at night.

Good

Is the service caring?

Our findings

We observed that staff supported people in a warm, friendly and respectful manner. Relatives felt the attitude of staff was caring and respectful and that they had formed good relationships with their family members. Their comments included, "[Name] is definitely happy. The staff go out of their way to do interesting things and are really good at keeping in touch with us." Another relative said, "They [staff] really are nice, they're genuine people."

Staff were given training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with diverse needs. The staff we talked with took a pride in their work, telling us, "We're very focused about people's support and supporting them to have real quality of life." The way staff wrote up care records demonstrated a respect for the person and positive language was used throughout. There was an easy read version of the equality and diversity policy, setting out the provider's commitment to treating people fairly and without discrimination.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. Some of the people who used the service faced challenges around communicating their decisions. We saw that staff adopted a variety of communication techniques, including verbal and non-verbal communication, to ensure that people were able to make their own decisions about the care and support they received. Staff gave people the time and support they needed to communicate their wishes.

People who used the service were treated with dignity, respect and their privacy was maintained. We observed staff knocking on people's doors and waiting to be invited in. It was clear people's bedrooms were treated as their own personal space and staff respected this. We observed that care was delivered to people in the privacy of their bedrooms or bathrooms.

Care plans showed people were encouraged to maintain and develop independent living skills. For example, involvement in household tasks and for personal care was broken down into achievable steps. For one person a lighter weight manual cleaner was purchased so that they could continue to join in with the household tasks they enjoyed. Staff knew the importance of supporting people to succeed and promoting self-worth through a sense of achievement. Staff were proud of the achievements people had made. One staff member told us, "I love my job, to see the progress people can make is amazing."

The service had good links with local advocacy services. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. The staff in the home knew how they could support someone to contact the advocacy services if they needed independent support to make or communicate their own decisions about their lives.

People had their information kept confidential as appropriate. Staff understood the provider's policy and procedures on confidentiality and shared sensitive information with healthcare professionals on a need to know basis. They did not speak about people within hearing of other people and knew not to share sensitive

about them outside of the service.

Information was stored safely and securely at the service. Computers and electronic files were password protected and paper documents were kept in a locked office and only accessible to authorised staff. We looked at records from team meetings and saw evidence that the importance of The General Data Protection Regulation (GDPR) was shared with the staff team. GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Requires Improvement

Is the service responsive?

Our findings

We looked at how the home was meeting good practice guidance in the design and effectiveness of the service. For people with a learning disability we look at how the service is developed and designed in line with the values that underpin the Registering the Right Support. These values include choice, promotion of independence and inclusion. If applied these would allow people with learning disabilities and autism using a service to live as ordinary a life as any citizen.

We found that the model of care commissioned and delivered at Lowther Park did not meet these principles. People's choice was being compromised and some people had made it clear they no longer wanted to attend day services. People did not routinely have choice of how to spend their day.

The registered manager told us that this model was becoming more of an issue as people in the service were ageing. Some people in the home were in their 60's and 70's and staff told us that it was clear that they wanted to have the option of opting out of day services and "retire like other people do." Staff also told us that they often had to rush people in the morning to get ready for the transport. Some staff told us that this that they were concerned that this took away people's skills as it was quicker to do things for people rather than go at their pace.

We saw that people were taken to day services by minibus or taxis at approximately 8.30 am and returned home at 4.30/5.00 pm each week day. The provider had tried to add in some flexibility into this arrangement. For example, some people had 'one day off' per fortnight for a home day or for appointments. The registered manager told us that if someone was making it clear they didn't want to go to day services or were unwell then staff would be asked to cover across the day. The registered manager told us that while staff were really good and accommodating she was worried that this was playing on staff goodwill as it was short notice and some staff had chosen the split shift hours for their own family commitments.

We found that while there was a limited amount of flexibility the service had not been adapted to respond to the changing needs and circumstances of people living in the home. This meant that the home was not providing care and support that was person-centred, reflected their preferences and was designed in-line with nationally recognised evidenced-based guidance. Currently the service was failing in this key area of choice and inclusion. This is a breach of Regulation 9: Person-centred care.

While the provider was working with the local authority to explore a new model of support this had yet to be decided. We found the provider was keen to consult with people in the home and other stakeholders, such as relatives as to the future model at Lowther Park.

People's needs and abilities were thoroughly assessed and care plans were personalised, stating the ways people communicated, their routines and how they preferred to be supported. The care plans gave staff clear guidance to follow and were evaluated and revised as people's needs changed. This staff team had not dealt with end of life care in this service. The registered manager told us that they could easily access support from community nurses and other primary health care professionals. Staff did touch on this in their

training and further training could be accessed if necessary.

People's care was regularly reviewed, including staff attending multi-disciplinary meetings with other professionals. Staff made detailed records which accounted for the care they provided and reported on the person's wellbeing. People's care plans described how they wanted care provided and contained details about their background, medical history, current needs, daily routines and preferred activities.

Records contained information on each person's mental and physical health including diagnosis and the behaviours that may trigger a decline of their health. Good detail was noted in care plans to ensure that people's needs were met. We observed that the staff were knowledgeable about the individuals they were supporting and about what was important to them in their lives. People were supported on a one to one or two to one basis and the support staff organised activities and supported people to participate in activities of their choice.

We have discussed the restrictions placed on people with regard to the model of care in the other key questions of safe and Effective. However, within the confines of the service model it was clear that staff worked hard to offer people as much choice as possible. We observed in the home staff giving people options and choices and supporting people's individual interests and hobbies. Although attending day service was the expectation staff did try to accommodate people who expressed that they didn't want to go by offering to work extra shifts at short notice. People who could speak with us told us they were involved in making decisions about the support they received. People told us, and we saw, that the staff asked what assistance they wanted and provided this promptly. Each person who lived in the home had a care plan that included information about the support they needed and their preferences about their lives. People who could speak with us told us they had been included in developing their individual care plans.

People using the service pursued interests and activities that were of their choosing. Activities included shopping trips, going out to pubs and restaurants. This minimised the risk of people becoming socially isolated. Staff gave us numerous examples of how they achieved positive outcomes for people. They worked with people in developing social skills, building relationships and learning skills that made them more independent. People were supported to take part in meetings, conferences and training opportunities. We saw examples where staff had supported people to have a say and a voice in improving services for people living with a disability. One example was to write to the local MP to improve disabled access locally. This had resulted in handrails and equipment being installed in a public area.

One person's needs had changed and their care needed to be reviewed to ensure the staff in the home knew how to support them. We saw that the registered manager had contacted local specialist services to visit the home to speak to the staff and people who lived there. The specialist services had provided advice about how the staff and other people in the home could support the individual in response to their changing needs.

People were supported to maintain relationships that were important to them. The staff knew the relationships that mattered to people and talked to them about their friends and families. We saw that this supported people's wellbeing.

All of the people we spoke with told us they were happy and had no complaints about the home. The registered provider had a procedure for receiving and responding to complaints. The provider's website included information about how people could complain about the service provided. This meant that people who lived in the home, their friends and relatives could find information about how to raise a concern if they needed to.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had not acted promptly in response to feedback from staff to improve the safety of the service. We raised our concern regarding staffing levels with the registered manager and the provider and immediate action was taken to increase staffing levels in the home.

On this inspection as discussed, in previous key questions, we found the model of care that had been in place since the home opened had not been adapted to meet the changing needs of people in the home. While the provider was working with the local authority to address this it was clear that this had not worked for people for some time. While some people enjoyed going to day services for other people this had a negative impact. The registered manager and staff in the home had tried to ensure that this impact was minimised however this still meant that the care design was not person centred. This is an outdated and institutional model of care and does not meet the national best practice guidance of Registering the Right support.

we saw that the provider and registered manager were working with stakeholders to change this model to one that was more person-centred.

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

The registered manager was suitably qualified and experienced. She had worked in the learning disability field for a number of years and was experienced in both support work and in the management role. The registered manager was responsible for one other small home for people with a learning disability. The homes were within a couple of miles of each other and each had its own deputy manager.

All the staff we spoke with told us they thought the home was well managed. Staff told us, "The manager knows the residents inside and out...and know us, the staff too." We saw that the registered manager and staff promoted positive values and an open and inclusive culture in all areas of the service. We heard from other professionals working with the home who also commented on the service being well managed. One social care professional told us, "They work extremely well with the social workers. The service is well led and well managed. They are open to continuous improvement of the service and are not defensive and are open to advice."

Staff we spoke with felt that communication in the home was very good. Staff told us that it was easy to contact the registered manager or a senior person within the organisation at all times. Staff said that they felt comfortable with the registered manager and that they, "Trust her knowledge and the way that any problems are dealt with and she always listens and acts." Staff also spoke of a "great team spirit" and

"pulling together."

Staff meetings were held every month in which the previous month's minutes were reviewed and any new issues discussed. Actions arising from meetings were assigned to a named person and were followed in subsequent meetings. One staff said, "The whole team here are great. We are given really clear messages and instructions on how to support people." Another said "The whole team are very supportive. It's easy to speak up. I feel really well supported."

The registered manager and staff were keen to involve people in the running of the service. People who lived in the home were included in assessing and ensuring the safety of the service. One person was included in assessing the fire safety systems and another person worked with a staff member to check that aspects of the service were safe. Another person was a lead on safeguarding for the organisation and staff supported them to attended training and meetings for this role.

We found that records relating to staff and people who used the service were kept securely in order to maintain confidentiality. Records showed audits were carried out regularly and updated as required in order to monitor the service provided by the home. Monthly audits included checks on medicines management, care documentation and accidents and incidents. These audits fed into the providers central systems for quality and safety monitoring and this allowed for a further oversight of quality. Risk assessments and care plans were of a good standard and reflected the close scrutiny these were given by the registered manager, the senior team and the provider.

The provider also had a questionnaire that people were asked to complete to share their views of the home. The provider used formal and informal methods to gather the experiences of people who lived in the and used their feedback to develop the service

Providers of health and social care are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The service was also displaying the rating of the last CQC inspection within the home as required as to do so.

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 9 HSCA RA Regulations 2014 Person-centred care The service was not providing care and support to people that was person-centred, reflected their preferences and was designed in-line with nationally recognised evidenced-based guidance. Regulation 9 (1)(3)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that there were sufficient numbers of staff deployed to meet peoples needs and choices. Staffing levels had not been reviewed and adapted to respond to the changing needs and circumstances of people using the service. Regulation 18(1)