

Adelaide Care Limited

# Fiveways

## Inspection report

Kingsdown Park East  
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Whitstable  
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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

This inspection was carried out on 2 January 2019 and was unannounced.

Fiveways is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Fiveways is registered to provide accommodation and personal care for up to five people who have a learning disability and other complex needs. Fiveways is on the outskirts of Whitstable and is close to local transport and amenities. Five people were living at the service at the time of inspection and each had their own personalised bedroom. People had access to a communal lounge, conservatory, kitchen, laundry room, sensory room, two bathrooms, a wet room and toilet.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post, and present at the time of our inspection. 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 on 8 June 2016 the service was rated 'Good' in all key questions. At this inspection, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and have now rated the service 'Requires Improvement'.

Checks and audits were in place, but has not been successful in identifying the concerns we identified during this inspection. The registered manager had not completed checks on new staff working at the service, and therefore did not identify issues with staff recruitment. Medicine audits failed to identify issues with medicines reconciliations.

We found that medicines management was not consistently safe. Staff failed to react when three people missed three days of medicines. Accidents and incidents were reported, but action was always not taken or clearly documented to minimise the risk of it reoccurring.

Staff knew how to safeguard people from potential harm and abuse. Staff had received a full induction, and had access to on-going training and supervision. The service was clean, well maintained and fit for purpose.

People told us, and we observed there to be sufficient staff numbers to keep people safe, and meet their

needs. Risks to people had been identified and minimised where possible.

People were supported to be involved in meal planning and food preparation. People were supported to take part in meaningful activities, and encouraged to live healthier lives.

People's needs had been assessed, and staff worked with best practice guidance. Staff knew people well, and could identify when their needs changed, and organised for input from healthcare professionals.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us they were treated with kindness, respect and compassion. We observed staff interactions with people, and saw a mutual respect between people and staff. Staff supported people to be as independent as possible, including supporting them to take positive risks.

People received personalised care specific to their needs. People told us they choose how they spent their time.

People were supported to express their views and be involved in decisions about their care and support. People told us they understood how to complain.

People told us they were happy living at the service. People told us the staff and registered manager were the best things about living at the service. Staff told us they were well supported in their roles. There were systems in place to improve the quality of the service, including completing quality assurance questionnaires. However, the overarching results of this had yet to be analysed by the provider.

The registered manager had submitted statutory notifications as required, and was displaying their CQC rating within the service.

You can see what action we told the provider to take at the back 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?

The service was not consistently safe.

Staff had not been recruited safely, with gaps in employment history not explored and references not obtained from the most recent employer.

Medicines were not consistently managed safely, with prompt action not taken by staff when people missed medicines. Medicine stock checks were not consistently documented correctly.

Accidents and incidents were documented, however action taken to minimise the risk of the incident reoccurring was not clear.

There were sufficient numbers of staff to meet people's needs.

Staff had received training in, and were able to identify potential safeguarding concerns.

People were protected by the prevention of infection control.

**Requires Improvement** 

### Is the service effective?

The service was effective.

People's needs were assessed in line with best practice and current legislation.

Staff received training and supervision to enable them to complete their roles effectively.

People told us they enjoyed the food at the service, and had input in deciding the menus.

People were supported to access healthcare professionals, and lead healthier lives.

The service had been adapted to meet the needs of the people living there.

**Good** 

Staff understood the principles of the MCA (2005).

### Is the service caring?

Good ●

The service was caring.

People told us staff were kind, compassionate and caring towards them.

People were supported to be involved in decisions about their care and treatment.

People told us they were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People received person centred care specific to their needs.

People were supported to take part in meaningful activities.

People knew how to complain and there was a complaints process in place.

People were supported to make their end of life wishes known.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Checks and audits had not been successful in identifying and minimising concerns identified during our inspection with risks to people, medicines management and the shortfalls in staff recruitment.

People and staff told us there was a positive, empowering culture at the service.

There was a registered manager in post.

People's opinions were sought and used to improve the service.

Staff worked in partnership with external organisations to deliver effective care and treatment.

# Fiveways

## 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 2 January 2019 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and other information we had about the home including notifications and safeguarding information. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

During the inspection, we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We reviewed a variety of documents. These included two care files, staffing rotas, three staff recruitment files, medicine administration records, audits, maintenance records, risk assessments, health and safety records and quality assurance surveys.

We spoke with three people who used the service and with the registered manager, operational director and two members of staff. We requested information by email from local authority care managers, commissioners to obtain feedback about their experience of the service.

# Is the service safe?

## Our findings

Staff were not consistently recruited safely. Not all recruitment checks had been completed to make sure staff were honest, reliable and trustworthy to work with people. In all the staff files we reviewed, none contained full employment histories, and gaps had not been documented or explored by the provider. For example, one staff member had a gap in their employment history from 2010 until the present. The registered manager confirmed discussions about employment history were not covered during interview, or at any other point during the recruitment process. References were sought by the provider, but were not satisfactory in all cases. Not all references obtained by the provider had been professional references, and some references did not link to the information provided on the staff members work history. Disclosure and Barring Service (DBS) criminal records checks were completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Following the inspection, the registered manager confirmed all staff recruitment files had been reviewed and a new system of checking new staff files had been implemented.

The provider had failed to ensure that persons employed were of good character and to ensure recruitment procedures were operated effectively. This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Medicines were not consistently managed safely. We reviewed medicines administration records (MAR) and found three people had not received a prescribed medicine for three days. Staff told us the medicines had not been received as part of the new medicines cycle. Staff had failed to take action or explore the impact on people not receiving their medicines. The registered manager had identified this on their return to the service and reported it to the GP and pharmacy on the day of our inspection. We completed a reconciliation of medicines and found that the medicines we checked were all present. However, MAR and associated audits contained an incorrect number of stock medicines. The miscount had occurred on 13 December 2018 and despite the medicines being checked three times following this, staff failed to pick up the error. No other medicine errors had been reported. This is an area for improvement.

Other areas of medicine management were safe. People told us staff supported them to take their medicines when needed. All medicines were stored securely in locked cabinets in line with current guidance. Guidance was in place for people who took medicines prescribed 'as and when required' (PRN). When these medicines were administered it was recorded on the back of the MAR. Staff received training in medicines administration, and were competency checked. Staff we spoke with told us they felt confident to administer medicines.

When things went wrong the registered manager ensured that lessons were learned and shared with the staff team. Accidents and incidents had been recorded by staff, and most investigated by the registered manager and provider. The accident form considered potential triggers for the incident and the registered manager had a section to document their review on the form and action taken.

Staff were able to recognise and knew how to respond to potential abuse. Staff had received training in

safeguarding adults. Staff told us they had confidence that management would take action should they raise any concerns. The provider had a safeguarding policy, and an easy read version displayed in the service for people. The registered manager told us they discussed safeguarding regularly during resident meetings to remind people to share any concerns they had. The registered manager showed a good understanding of safeguarding, and had made appropriate referrals to the local authority safeguarding team.

Risks to people had been assessed and there was guidance in place for staff to support people in the way they preferred. Each person had individual risk assessments and guidelines specific to their needs. For example, one person was being encouraged to use the kitchen to make a meal for themselves. There was a risk assessment in place, detailing how staff should support the person to remain safe whilst completing this task, such as supervising the use of knives and the cooker. People had risk assessments for all aspects of life, including bathing, taking part in activities, and being in the community. Staff were familiar with the risk assessments, and the action to take to minimise any risks.

People were encouraged to take positive risks. One person had expressed their desire to go the local shop without the support of staff. Over a period of time, staff and the person worked towards this goal. Staff worked with the person to increase their understanding of road safety, and progressed to following the person a safe distance behind, to ensure they were close enough to support should they need to, but respecting the person's independence.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of being scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

There were sufficient numbers of staff to keep people safe and meet their needs. People told us there were always lots of staff around, and that they did not have to wait if they needed support, or wanted to do an activity. Staffing rotas were completed in advance, and staffing numbers were flexible to meet the needs, activities and appointments of people. Staff mainly worked in 'block' shifts, which the registered manager told us provided more consistency for people. When gaps in the staffing rota were identified, the manager was able to call on the providers flexible staffing team, to offer some consistency for the people at Fiveways. People told us they were supported by a regular staff team, and that they were able to choose which staff member supported them.

People were protected from the risk of infection. Staff received training in infection control, and we observed them using personal protective equipment (PPE) such as gloves. The service was clean and well maintained. People were encouraged to be involved in the up keep of the service. For example, one person was encouraged to remove their washing from the washing machine, and hang it to dry. Staff told us it was important they encouraged people's independence as part of developing people's life skills.

# Is the service effective?

## Our findings

Since our last inspection one person had been supported to move into the service. Senior staff assessed the person to ensure they could meet their needs before they moved into the service. The assessment included staff meeting them at their previous home, reviewing documentation in place, spending time with the person and the staff that were supporting them. The assessment considered the needs of the person, with a focus on what the person was able to do independently, and what support they would need from staff. It took into account people's needs in terms of their sexuality, culture and background to determine if there were any support needs around people's protected characteristics. There were appropriate use of nationally recognised assessment and management tools.

Staff continued to receive the support and training required for them to complete their role. Staff received training in a range of subjects including mental capacity, health and safety and moving and handling. Staff were provided additional training in areas such as managing challenging behaviour, person centred care and dementia. Staff told us the training provided was useful in their roles, and that they enjoyed completing regular training to ensure their skills were up to date. Staff had regular supervisions with the manager, which included discussions about people, training and development required for the role.

New staff continued to complete the providers induction programme. This involved them learning about the policies and procedures of the provider, and specifically to Fiveways. Staff were given the opportunity to work with more experienced staff, and gradually introduced to the people they were supporting. Staff that did not have a qualification in healthcare completed the Care Certificate. The Care Certificate is an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

Staff told us they felt comfortable supporting people with long term health conditions, such as diabetes. One staff told us "Yeah I feel confident, I have been doing it for so long now." Staff were able to tell us the signs and symptoms they look out for in the case that they believe people's blood sugar levels were too high or too low, and the action that they would take.

People were supported to eat sufficient amounts to maintain a balanced diet. People choose the food for the following week during the weekly residents meeting. People were encouraged to make suggestions of the foods they enjoyed ensuring everyone's tastes were accommodated. Some people were unable to verbalise their favourite foods. Picture cards, gestures and body language were used in these instances to support people to make their choices known. Staff told us they cooked food from different cultures, in line with people's backgrounds to meet individual needs. People were supported to participate in food and drink preparation. Throughout the inspection people were offered drinks and snacks. On our arrival to the service people were having breakfast, and told us of their choice of breakfast. Staff told us breakfast was flexible, depending on what time people liked to get up. Staff knew people well, and their likes and dislikes but ensured they asked what drinks people wanted to give people choices. During mealtimes we observed staff giving people the support they needed discreetly, whilst encouraging people to be independent.

People had hospital passports in preparation for any time they may need to go into hospital. The hospital passport contained information to help provide the person with support needed and included information regarding people's medical history, medication, conditions, allergies, communication, the level of support needed and people's likes and dislikes. Staff told us this information was important to ensure people received consistent support in an emergency.

People continued to be supported to live healthy lives and have access to on-going healthcare support. People were registered with the GP, dentist and optician. If staff had concerns about people's needs changing, then they sought advice from relevant healthcare professionals, such as community nurses or the community learning disability team. Staff were able to recognise changes in people, and arranged for people to be re-assessed for age related healthcare conditions, such as dementia screening. Most people were able to vocalise if they were unwell, and staff were able to use pictorial aids to support those who couldn't to identify if they were in pain for unwell. One person told us that when they were unwell staff organised for them to see the doctor, and they were given medicine.

The service continued to meet the needs of the people living at Fiveways. People had their own rooms which were personalised and individual, for example with the bedsheets of their choice. People's bedrooms had photographs of themselves enjoying activities and holidays. People told us they spent time where they wanted, the service contained sufficient space for people to have space on their own should they want it. Communal areas were spacious and well maintained. The service had a sensory room which people were able to use, and access to a paved garden at the rear of the property.

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 and confirmed the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Staff showed a good understanding of the principles of MCA, and we observed people being given choices throughout the inspection. People told us they choose for example, what time they went to bed and the clothes they wore. One person preferred to have a bath than a shower, as they enjoyed relaxing in the bath. Staff supported the person to ensure the water temperature was safe, and then gave the person space to enjoy their bath, but remained close to support them should they need it.

# Is the service caring?

## Our findings

People were treated with kindness, respect and compassion. During our inspection, we observed positive staff interactions with people. People told us they were happy living at Fiveways, with one person telling us the staff were the best thing about living there. People were at ease with staff, engaging in light conversation and laughing often. One person told us who their favourite staff was, and when we asked why they told us they were fun.

Staff were able to offer people emotional support when they became distressed. During the inspection, staff observed one person becoming agitated. Before the situation escalated, staff spoke with the person, offering them reassurance and invited them to take part in another activity to occupy them. The person seemed more relaxed following this. Staff knew people well, and were able to deescalate situations. Staff were able to tell us how they supported someone who become upset following a miscommunication at a shop. Staff were able to support the person to understand the miscommunication, and book a further visit to the shop to purchase the item that was unavailable on the day. Staff told us it was important they followed up and ensured the person received the item they wanted, as they were aware it could become a trigger for the person and wanted to support them to not be distressed.

People were supported to express their views. People were involved in regular care reviews with staff, their loved ones and health care professionals. The review considered what was working well, what the person wanted to change, or do more of and their goals and aspirations. For example, one person had indicated they wanted to explore finding a relationship. The person had been supported to attend a disco to mix with their peers with the aim to see if they found a like-minded person. When people did not have family, or loved ones to support them, staff had arranged for people to be supported by an advocate. An advocate is someone who supports people to express their views and wishes, and stands up for their rights.

Each week there was a residents meeting held. Each person brought a topic they wanted to discuss. One person wanted to discuss their holiday during the meeting, and told us they had a holiday planned for this year. Each week people's opinions on food options were sought. People discussed the activities they enjoyed taking part in, and any further activities they wanted to do in the future. During the resident's meetings, staff spoke with people about different subjects including safeguarding or making complaints, using the easy read policies which contained pictorial aids to support people's understanding of the issue.

People were encouraged to be independent. People had goals they worked towards, which included building social and life skills. One person was supported to attend a day centre to build on their life skills. Goals were individual to the person, and were discussed during reviews. For example, one person had a goal of making a meal independently, another person's goal was to make a cup of tea independently. People choose how they wanted to spend their time, for example on the day of our inspection, one person told us they wanted to 'relax', whilst another person choose to go for a walk.

People's privacy and dignity was respected by staff. People told us they choose who supported them with personal care. Staff told us that when they supported people with personal care, they ensured doors and

curtains were closed to protect the persons dignity. Staff told us they asked for consent before carrying out any personal care, and where people were unable to vocally give consent, they were able to gain consent by asking people, and gauging from their reaction if consent was given. Staff were aware of what people were able to do for themselves, for example one person needed support with prompting with personal care, but was then able to shave independently. We observed staff encouraging a person to brush their hair, which they did, and another person being supported by staff to have their hair styled for the day. When they had finished, the person proudly showed staff and other people the finished hair style, which staff complimented them on.

People were supported to maintain relationships with their loved ones. People told us of their family attending events such as birthdays, barbeques and celebrations held at the service. Visitors were encouraged to attend their service to see their loved ones at any time. Where possible, staff supported people to visit their loved ones, by driving them to their loved one's homes if they were unable to visit the service.

Confidential information continued to be kept securely. All personal information was in the registered manager's office, which was locked when not in use. Records we viewed, including people's care plans and staff records, were and held securely.

## Is the service responsive?

### Our findings

People received person centred care specific to their needs. Each person had an individual care plan which detailed their preferences in relation to their care and support, for example with their personal care routine. This focused on what the person was able to do independently, and gave guidelines for staff to follow in relation to what the person needed support with, and how best to support them. Some people were unable to tell staff how they liked to be supported, so staff worked with them to understand their likes and dislikes through their body language. People had communication passports which detailed how the person presented when they were content, for example smiling and laughing, and when they were distressed, such as frowning and avoiding eye contact. Detailed guidance was in place to ensure that staff were supporting people consistently to minimise their anxieties and any triggers for behaviours. Staff were able to communicate with people throughout the inspection, engaging with them, offering them choices and ensuring they were happy and relaxed.

People were supported to take part in meaningful activities of their choice. Some people had been supported to attend day centres to build life skills. There were photographs around the service displaying people smiling taking part in activities. People were able to tell us about holidays they had been on, which included going abroad and visiting seaside towns in England. One person told us they were going to a popular holiday resort in England this summer, as they didn't want to go too far, and didn't want to fly this year.

In the lead up to Christmas people were asked what they wanted to take part in. People choose to attend a local pantomime. Staff were also able to organise for a travelling pantomime to visit the service to perform. People chose family and friends from the providers other services to attend the event.

People were encouraged to be a part of the local community. The registered manager hosted events that the community were invited to. People told us they liked visiting the local shops and cafés. People told us they enjoyed taking part in activities such as bowling and swimming. The provider had a sensory room that included a ball pit for people to use. People had been encouraged to follow their religious and cultural beliefs.

People were supported to use technology. One person had a laptop they were using with staff on the day of our inspection. People spent time using applications on the laptop to edit photographs, which made staff and other people laugh. People were supported to use applications to make video calls to loved ones that were not able to visit often. One person was supported to speak with their loved ones daily.

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The registered manager was aware of their responsibility to comply with the AIS. Care plans had been created in a way that were meaningful to people. People were supported with easy read documentation, for topics including safeguarding and raising complaints.

Since our last inspection there had not been any formal complaints. There was a complaints policy in place, which signposted people to where their complaint could be escalated, including the provider and the Local Government Ombudsman. People were asked during reviews and residents meetings if they had any concerns or complaints to discuss. The registered manager told us they worked closely with people, their loved ones and any health care professionals to ensure any issues were quickly resolved to avoid them escalating to a complaint. The registered manager told us "We have supported them for a long time so we know what they like, and when we are unsure they tell us."

At the time of our inspection no one was receiving end of life care. Most people had end of life care plans, which they completed with staff during resident meetings or key worker meetings. The end of life care plan was pictorial, and staff supported people to complete them. People's preferences had been documented including where they would like to go should they become unwell, with people opting to stay at Fiveways. People had been asked about their favourite songs to be played at their funeral, and what they would like people to wear. One person had said they wanted people to wear 'a shirt and tie'. Staff had also worked with people's family members and loved ones to discuss end of life wishes.

## Is the service well-led?

### Our findings

The provider carried out a number of checks and audits on the quality of the service at Fiveways. However, the audits we reviewed failed to identify shortfalls we noted during our inspection. On the day of our inspection, three staff recruitment files were received from the providers head office. The recruitment files had been signed off by head office to confirm they contained the necessary information. However, all three files reviewed contained significant unexplored gaps in work history. Furthermore, the recruitment files did not contain two professional references which matched with staff work histories. The providers completed an audit, which was used to identify areas the registered manager needed to take action. However, this audit did not specifically address staff files, and therefore we could not be assured action would have been taken to address the shortfalls we identified.

The provider's audit for medicines management showed there was no areas for improvement. However, during our inspection, we identified that three individuals had missed medicines due the medicines not being delivered by the pharmacy. The recording for such medicines was confusing, with MAR containing medicines that had been discontinued by the GP, but continued to show on the MAR. Staff had failed to recognise and act when three people were without vital medicines for three days. Furthermore, auditing of medicines was unsuccessful in identifying miscounts in medicines.

The provider's audit on accidents and incident failed to ensure appropriate investigation and action as a result of a possible restrictive practice in August 2018. An incident form had been completed, but the registered manager was unable to inform us of the action taken as a result of the incident. The provider collated information relating to accidents on incidents on a shared spreadsheet. We reviewed the spreadsheet and were still unable to establish actions taken to reduce the likelihood of the incident reoccurring. Care records and risk assessments had not been updated following the incident. Following the inspection, the registered manager sent us a full report of the incident, which confirmed restrictive practice did not take place. The operations director informed us this was an area they would look to improve immediately; that each service would be allocated an incident log, and that the input and monitoring of this would be completed by management to ensure oversight and action taken.

The failure to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service is a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

People and staff told us there was an open empowering culture at Fiveways. Staff were able to tell us of positive changes they observed in relation to behaviour and positive outcomes for people. The registered manager informed us this was achieved through a good level of interaction with people, and with staff being able to identify and intervene before situations escalate. People told us they were happy living at Fiveways. We observed people to react very positively to the registered manager, greeting them warmly when they arrived. The operational director told us of the service "It's very welcoming. It's got a good atmosphere. People are always occupied when I visit. We base everything on what the people want."

The registered manager was knowledgeable about best practice when supporting people with learning disabilities. The registered manager informed us they kept their skills up to date by attending provider manager meetings. During these meetings key events in health and social care were discussed, and used as an opportunity to improve and learn. The registered manager received regular supervision, and attended various training courses to keep their skills up to date. The registered manager informed us they attended the care home group, to learn from other homes, and share good practice.

Staff and the registered manager worked in partnership with other agencies. People had care managers that were invited to attend people's reviews. People were supported with regular appointments with health care agencies such as the GP, dentist and optician. When specific healthcare input was needed, staff worked with those healthcare professionals to provide consistent support to people.

The registered manager had notified the Care Quality Commission of important events as required. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the service.

People's opinions to improve the service were sought. The registered manager sent quality assurance questionnaires to relatives, loved ones and healthcare professionals, which could then be returned anonymously to the provider. We reviewed some responses from the providers most recent questionnaires sent in August 2018, which were positive. Comments included 'Adelaide care has a high quality [staff] at Fiveways, [the registered manager] is a loving / caring person. And the team they lead are exceptional. They are truly a top caring professional. You have a top quality team at Fiveways' and 'I was very impressed with the service being provided to the customer I was working with. Very responsive, professional and friendly.' The provider had yet to provide oversight of all of the surveys returned, and therefore the registered manager was unable to confirm all actions taken to address the feedback. Easy read questionnaires had been developed for people living at Fiveways to complete, but had yet to be completed. The registered manager informed us people would be supported by their key workers to complete the surveys within the next few weeks. We will check this during our next inspection.

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  The provider failed to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider failed to ensure that persons employed were of good character and to ensure recruitment procedures were operated effectively.