The Grange (2016) Ltd

Wheatfield Drive

Inspection report

17 Wheatfield Drive
Cranbrook
Kent
TN17 3LU

Tel: 01580715249

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Wheatfield Drive on 31 July 2017 and the inspection was announced. Wheatfield Drive is a care home which provides personal care and accommodation for up to three adults who have a learning disability. On the day of our inspection there were three people living at the service. Wheatfield Drive is located in a semi-rural location in a quiet residential area.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice. Assessments and applications had not been made to deprive people of their liberty. You can see what action we told the provider to take at the back of the full version of the report.

Peoples' health was monitored and referrals were made to health services in an appropriate and timely manner. Some conditions, such as epilepsy, could be managed more effectively with tailored support plans and risk assessments. We have made a recommendation about this in our report.

People were kept safe at Wheatfield Drive. Staff told us they understood the importance of people's safety and knew how to report any concerns. Risks to people's health, safety and wellbeing had been assessed and plans were in place, which instructed staff how to minimise any identified risks to keep people safe from harm or injury.

There were suitable arrangements in place for the safe storage, receipt and management of people's medicines. Medicine profiles were in place which provided an overview of the individual's prescribed medicine, the reason for administration, dosage and any side effects.

There were sufficient numbers of staff deployed to meet people's needs. Staff knew people well and had built up good relationships with people. The registered provider had effective and safe recruitment procedures in place and staff told us that they had the training they needed to carry out their roles.

Staff treated people dignity and respect. Staff were knowledgeable about people's likes, dislikes, preferences and care needs. People's privacy was respected by staff who valued people's unique characters.

Staff were kind and caring: good interactions were seen throughout our inspection, such as staff sitting and talking with people as equals and treating them with dignity and respect. People could have visits from family and friends whenever they wanted.

People received a person centred service that enabled them to live active and meaningful lives in the way they wanted. There were a range of varied and meaningful activities that engaged people and gave people a sense of belonging in their community.

Complaints were used as a means of improving the service. People felt confident that they could make a complaint and that any concerns would be taken seriously.

There was an open, transparent culture and good communication within the staff team. The management team offered effective leadership to the service.

The registered manager took an active role within the service and led by example. There were clear lines of accountability and staff were clear about their roles and responsibilities. The provider had systems in place to assess and audit the quality of the service.

The registered manager had notified us of events that had occurred within the service so that we could have awareness and oversight of these to ensure that appropriate actions had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Wheatfield Drive was safe.

People were protected from the risk of harm and abuse and staff understood their role in keeping people safe.

Risk assessments were comprehensive and reduced hazards through effective control measures.

Staffing numbers met people's needs safely.

Medicines were managed safely and stored and administered within best practice guidelines.

Is the service effective?

Requires Improvement

Wheatfield Drive was not consistently effective.

The principles of the MCA were not being complied with. Where people lacked capacity applications to deprive people of their liberty had not been submitted.

Staff told us they had the training they need to effectively carry out their roles.

People received adequate food and drink to remain healthy.

People's healthcare needs were met and people had access to a wide range of healthcare professionals when they needed them.

Is the service caring?

Good

Wheatfield Drive was caring.

Staff knew people well and used the information about people to effectively support them and build up caring relationships.

People and their families were involved in their lives and could make decisions about their care.

People were treated with dignity and respect and their independence was encouraged.

Is the service responsive?

Good

Wheatfield Drive service was responsive.

People received a person centred service and staff responded effectively to people's needs. People had access to a range of meaningful activities and were able to choose how to spend their free time.

Complaints were responded to appropriately and were used as a tool for improving services.

Is the service well-led?

Good

Wheatfield Drive was well led.

The culture of the service was open, person focused and inclusive.

The management team provided clear leadership to the staff team and were a visible presence in the service.

Quality monitoring systems were effective in highlighting issues within service delivery.

Wheatfield Drive

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 31 July 2017 and was announced. We gave the service 48 hours' notice of the inspection because the service is small and people often go out during the day. We needed to be sure that they would be in. The inspection was carried out by one inspector.

We did not ask the provider to complete a Provider Information Return (PIR). A PIR 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 asked these questions during the inspection. We also looked at notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

As some people who lived at Wheatfield Drive were not consistently able to tell us about their experiences, we observed the care and support being provided and talked with relatives and other people involved with people's care provision during and following the inspection. As part of the inspection we spoke with the registered manager, two care staff, three people and one person's relative. We looked at a range of records about people's care and how the service was managed. We looked at three people's care plans, medication administration records, risk assessments, accident and incident records, maintenance records, complaints records, two staff files and quality audits that had been completed.

This is the first inspection of this service under the new registration.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Wheatfield Drive. One person told us, "I feel safe. I'm safe with everyone around me. I like the staff being here to help me and I like living here because everyone's kind and considerate." One relative commented, "My daughter is safe here: this house is lovely. The new owner is very business-like and we're happy. I never thought I'd be relaxed about my daughter's care."

People were protected against the risks of potential abuse. The service actively encouraged people to be aware of their safety: for example there was a local authority 'how to stop abuse' leaflet displayed on a noticeboard. There was also information on what abuse is and what to do if you suspect abuse. A flowchart written by the registered providers chief executive and directing staff on what action they should take, with clear steps and phone numbers, was also displayed. There was a poster advertising an upcoming visit by two staff from the local authority safeguarding adults team to speak about abuse and what to do about it, that all people were invited to attend. The registered provider had a safeguarding policy in place which included more recent categories of abuse, such as modern slavery. The policy had recently been reviewed and updated and contained information on the signs of abuse, actions to prevent abuse, reporting concerns and learning from past cases. There was a link to the local multi-agency safeguarding adults policy.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "It's my duty to look for any changes in behaviour, markings or signs of distress. If I noticed any I would tell the manager, contact the 'on-call' and hand over to staff. I would always ensure it was reported and recorded as a factual account."

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. A range of risk assessments were in place for reach person, which covered areas of care, such as being in the kitchen, medicines and using the bathroom safely. Each risk assessment considered the potential hazard, the control measures required to minimise the level of risk, and were reviewed regularly. Environmental risks were being managed effectively through regular monitoring and checks conducted by the registered manager. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. The registered manager ensured that general risks such as slips and trips were regularly assessed. Regulatory risk assessments were completed to reduce hazards around Control of Substances Hazardous to Health (COSHH) and food safety. Each risk assessment identified the risk and what actions were required of staff to reduce the risk. Fire safety was managed effectively with regular servicing of equipment, weekly alarm tests, and regular fire drills which reported on the outcome of each drill. A positive attitude to managing risks was encouraged by the service. One person was at risk of their bedroom becoming unclean and unsafe without support, so staff involved the person in the weekly wardrobe and bedroom checks in order to maintain a safe environment.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs. One relative told us, "There is enough staff. They have some agency staff but that is less now. We don't see many agency staff and the ones here we see regularly." There was a rota in place that staffed the service with one staff member working between 08:00 and 15:00, one staff member between

14:45 and 22:00 and one staff member sleeping in between 22:00 and 08:00. This meant that there was time for a handover in the day and that the service always had one staff member throughout the day to support people. In addition there were set times for the registered manager to be supernumerary to complete administration tasks. The registered manager told us, "We don't use a care calculator as I know how many hours we are funded for and what hours staff are contracted for and I just plot it in to the rota. With one staff always on and additional hours for management we can meet people's needs." One staff member told us, "Yes definitely we have enough staff and we have a good handover. We've got three permanent staff plus agency staff who are regular."

Safe recruitment procedures were being followed by the service. We looked at the recruitment records for two people, one of whom had recently been recruited. In both cases thorough recruitment procedures were followed to check that staff were of suitable character to carry out their roles. Criminal records checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. The registered manager had consistently tracked the employment history of each newly recruited staff member to maintain the safety of the recruitment process. Staff members had provided proof of their identity and right to reside and to work in the United Kingdom before starting to work at the service. References had been taken up before staff members were appointed and references were obtained from the most recent employer where possible. There were detailed and scored records of interviews, using role-specific question formats. Regular supervision and appraisals between staff members and the registered manager were happening and people had the opportunity to raise concerns in structured meetings.

There were safe medicines administration systems in place and people received their medicines when required. Each person had a medicines profile with a photograph, their date of birth and allergies, diagnoses, GP contact details and their next of kin. Medicines were being signed in to the service correctly by two staff and the stock was checked every day between shifts with a daily 'pill count'. We checked the medicines administration record (MAR) charts and found that MAR charts had been completed accurately with no unexplained gaps in signatures. Staff had been using the reverse of the MAR correctly to record any changes such as the late administration of one medicine when the person had returned later than expected from an activity. There was a medication policy and procedure that had been signed by staff members to indicate they had read and understood the guidance. The service kept a stock of homely remedies, (non-prescribed medicines such as cold linctus's or lozenges) and had an up to date homely remedies policy. Each person had a homely remedies sheet, that listed each medicine and when it could be taken, that had been signed off by their GP. Medicines were stored securely in a locked cabinet and each person had their medicines kept in a separate box within the cabinet. One staff member told us, "We've recently made changes so are using a new pharmacy and we now count the meds after administration and the next staff checks them at handover whilst you're still there and signs to say it's correct."

Requires Improvement

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person told us, "The staff look after us all the time and they know what they're doing. Sometimes if you want to make a drink the staff watch you and make sure you do it alright: if I was on my own I might burn myself so they give me a helping hand." One relative commented, "I've been very relaxed when I visit and have never seen anything that has bothered me so the staff must be well trained if I'm happy with things here." Despite these positive comments we found some areas of practice that required improvement.

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. The registered provider had not ensured that the principles of the MCA were adhered to. The registered provider had carried out mental capacity assessments appropriately and ensured that best interest meetings followed when a person was found to be lacking capacity. For example, one person had a mental capacity assessment in place for taking medicines. The assessment had been completed correctly and the person was found to lack capacity around this specific decision. This had been followed by a best interest meeting that established what action was the least restrictive and the person's GP had been consulted. Other people had mental capacity assessments for decisions around finances where they had been found to have capacity and were allowed to manage their own finances with minimal support.

However, we found some restrictions had not been assessed correctly. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had attended a training course in the month prior to the date of this inspection and had identified that the DoLS checklist, used to determine if people were having their liberty deprived, had not been completed correctly. The DoLS checklist had asked the question: 'If the person attempted to leave would they be stopped or encouraged to stay?' This question had been answered 'no' for all people, despite people's care plans indicating that they required support and supervision in the community to maintain their personal safety. The registered manager confirmed that no applications had been made for DoLS. We discussed this with the registered manager who told us, "We do need to make an application for DoLS." However, no application had been made at the time of our inspection. Subsequent to our inspection we were informed that DoLS applications had been made.

The failure to follow the principles of the MCA 2005 is a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. One staff member told us, "Since I've worked here I've done about 15 different modules and the training is effective. I've had meds, safeguarding, MCA, infection control and lots of other courses. I'm also currently doing the QCF level three diploma [QCF is a nationally recognised

qualification that proves staff can deliver health and social care to a required standard]." The registered manager had ensured that all staff had received a comprehensive training programme and that training was kept up to date with regular refresher courses. All staff had completed training that was in date. Staff could access standard training such as fire safety, first aid and health and safety, and in addition to this there were specialised courses such as positive behaviour support available. New staff were supported to complete an induction programme before working on their own. One staff member told us, "I've helped [new staff] to do inductions and they are thorough: the new staff shadow experienced staff, go through the meds, and read lots of information on the residents so it's very thorough."

People appeared to enjoy mealtimes and were involved in preparing meals that they liked. One person told us, "I do the cooking but have to be careful how I put the pans on the stove. We take turns in cooking and go shopping to get food for the cupboards. The food is really nice, it's lovely: I can choose whatever I like to have." People were able to choose what food they wanted to eat at a menu meeting every week. Staff told us they facilitate the meeting to try and encourage people to try new options, but people have the final say on the menus. People were involved in the shopping, preparation and cooking of the food as well as the cleaning of the kitchen afterwards. There were rotas on the kitchen to indicate which tasks people were responsible for. We reviewed the menus for the previous week and saw that each meal had a vegetarian option and that there were fresh vegetables in every meal. One relative told us, "X tells me what she had for lunch. She is vegetarian and always gets a vegetarian meal. She was very overweight before moving here but is doing really well now. As far as I'm concerned she couldn't be better." People were encouraged to drink throughout our inspection and people were free to use the kitchen to make a drink or snack as they felt the need.

People's health care needs were being met effectively. One relative spoke to us about their loved one's long term medical condition and told us, "X is very well attended to here and it's kept under control very well. Slowly, slowly, [condition] has got better and that is a very big improvement." One person had toilet charts that were being completed regularly to monitor a continence issue. Another person had weight charts completed regularly to monitor their potential weight gain. One person with epilepsy had a monitoring sheet in place that had been developed with a specialist nurse. People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. Some people's wellbeing was overseen by specialist teams such as a psychiatric team and all people had regular medicines reviews with their GP. However, where people had a specific medical condition there was not always additional information available. For example, one person with nocturnal epilepsy did not have an epilepsy care plan or a separate epilepsy risk assessment. An epilepsy care plan would give specific information on what type of seizure the person has, how staff should support them, and what helps the person to recover from their seizures. The service had been monitoring the person for signs of seizures after they had woken but had not looked at assistive technology, such as sensor mats under the person's mattress which would detect seizures and alert staff in order to assist the person.

We recommend that the registered manager reviews care planning for people with epilepsy in line with national guidance.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. One person told us, "The staff always care about the residents and always look out for the residents. If you have problems they sort it out. If you're upset you just come in here and talk to them." A relative commented, "The staff are very caring. When I ring they are helpful and the atmosphere here: it is such a relaxed place. The staff are well cared for by their employer and have the right attitude. If I gave you a percentage for the home I'd say 100 per cent." One member of staff told us, "One lady has lots of trust in me and we have a new schedule with teeth cleaning and she wouldn't let me help her with that if she didn't trust me or have that strong relationship. Another lady can have some behavioural problems and we know when to divert her attention and how to make her feel happier: we wouldn't be able to do that without knowing her well."

We observed very open, positive and appropriate relationships between people and their staff and these were apparent throughout the inspection. We observed staff chatting to people as they passed by and conversations happened naturally in all areas of the service, instigated by people and staff members. One person had been on a family visit over the last couple of days. When a staff member came in for their afternoon shift they asked the person about their visit. The staff member knew lots of details about the person's recent activities and their family life and was able to use their knowledge and familiar relationship to engage the person in a sustained conversation. The staff member asked, "Did your mum like the card you made her?" which the person enjoyed speaking about. The person enjoyed responding to questions about their brother and extended family and clearly enjoyed telling the staff member details of their visit that were important to them. When people returned from an activity they were welcomed home warmly by staff and were keen to speak about what they did. Staff listened attentively and asked positively worded questions, such as, 'What part did you enjoy the most?' to encourage people to open up about their day. Following these conversations people automatically went off and did activities on their own, showing that they had been put at ease by the gentle but uplifting staff interaction during the transition back to their home. One staff member told us, "The first thing on my personal development plan was building relationships and I pride myself on having a good relationship with all of the ladies here. X can be quite guarded at first but I have built up a relationship with her by doing it on her timescale. She's so affectionate now and will hug me and say 'I like you being here', and that's only because I've built up that strong relationship."

People's independence was encouraged and their involvement in the day to day running of their service was apparent. People were encouraged to do as much for themselves as possible. One person's care plan made it clear to staff that the person was able to undertake all daily living tasks, but that they also required supervision in all areas. The plan stated, 'Support is required in all areas as X will not always be able to recognise when certain tasks need undertaking and needs support to make sure tasks undertaken reach an acceptable standard. Staff need to prompt X in all areas of laundry and clothes care, cleaning her bedroom and sink, stripping and remaking her bed, and when cooking, washing up and drying up in the kitchen. She needs support when putting items away as she puts things in the wrong place. Staff to support X when pouring boiling water from the kettle or any activity that requires fine motor skills.' Staff were observed following this plan and verbally encouraging the person to complete tasks and maintain their skills. One person was being supervised whilst ironing their clothes. Staff supported the person by setting the

temperature of the iron, sitting a short distance away and offering verbal prompts to suggest ways to place the garments on the ironing board. Staff did not intervene to speed up the process and allowed the person to complete the task in their own time.

People's privacy and dignity was respected by staff. Care plans were kept locked away in a cabinet to protect people's personal information. We observed that staff members routinely knocked on people's doors before entering and that people were confident to tell staff members they didn't want to see them, and staff respected this. One staff member told us. "Residents have their own rooms and one lady needs help remembering to go to the toilet and wash her hands but we will make sure the door is closed and once she is ready we discretely assist her afterwards where necessary. It's the same with showering we assist only when we need to and we make sure their dignity is intact." One persons' care plan showed reminded staff of how to support the person with their continence needs in a sensitive manner that would not upset the person.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. There were regular meetings for deciding the menu each week which was important for people. People also had regular residents meetings where they could speak about something that was bothering them or about issues in general. We read through some meeting minutes and saw a wide range of topics had been covered in meetings. One meeting had discussed the general election and staff had supported people to read party political leaflets and discuss candidates. This resulted in two people completing a postal vote. Another meeting had discussed class choices at the local college. There were also trips to local fun fairs and weekend breaks discussed and actioned during these meetings ensuring that people had a say in all aspects of their lives.

Good

Is the service responsive?

Our findings

People were receiving a person centred service. One person told us, "I love it here. I like the residents as well and I go to college: I do a course called 'our goals' and sometimes we read and write stories and there are laptops to go on." One relative stated, "Yes they personalise care for my daughter. The fact that she is so eager to come back after home visits shows me that her own needs are being met really well." One staff member commented, "We personalise care for people. For example, when cooking some people can chop up veg really well so you just observe but one lady only has use of one hand so we support her differently. She can peel veg and chop the middle and we only chop the ends off so she can feel more part of the process."

Care plans were personalised and each file contained information about the person's likes, dislikes and people important to them. Each care plan contained a life story section to explain key details of people's lives that each person wanted to share with staff. One person's plan gave detailed information about their family life, childhood, and places they lived as a young adult. The person regarded their parents' house as 'home' and staff were asked to respect this. The plan went on to give guidance for staff on the person's needs for example around meals and support in problem solving. Another person's care plan detailed exactly what help the person required with personal care, with similar detailed guidance for staff on how to support them with continence and toileting care. This helped ensure that staff were able to provide consistent support.

People had a range of activities they could be involved in. People were able to choose what activities they took part in. We saw people had activities planners that were individualised and reflected people's interests. One person had a Zumba exercise class, trip to the bakery, swimming, library, housework and house shopping, college, craft activity, pub visits, walks and pamper sessions planned for their week. Another person had a meal out, college classes, pub trips, a nightclub evening, pamper session, library and swimming planned in their week. In addition to group activities people were able to maintain hobbies and interests and staff provided support as required. One person was excited to tell us about her rug making hobby and spoke about the different designs she had made and how she makes them. Later on the person brought a rug from her room to show us. People could organise their free time as they saw fit. One person told us, "Sometimes we go to the pub for a drink, or I do my work, or I watch the soaps and do my word-search. I can choose myself what I want to do." Another person said, "If it's nice we go and do gardening, pulling out weeds and raking. Sometimes we go on holiday. [Staff] took me and X for a weekend away in Eastbourne and we saw a tribute band when we walked along the pier to the bandstand."

People's individual communication needs were met by staff who understood them. Care plans explored people's communication needs and gave staff the guidance they would need to communicate effectively with people. For example, one care plan gave clear guidance to staff on how to respond to a person's communication including recognising how they may be affected by anxiety. This would enable staff members to support the person to be an active part of their peer group or any activities they were participating in.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The service recorded all complaints in a complaints log and these had been followed up in line with the registered provider's complaints policy. There was a complaints log kept near the front door for visitors to complete. We reviewed it and found that no complaints had been received in the last 24 months. The complaint policy had been updated in March 2017 and set out a clear procedure for dealing with complaints and what action would be taken if a complainant was not satisfied with the first tier resolution. There was a complaints leaflet on the noticeboard that reminded people to speak to a support worker if there was something they were not happy about. The registered manager told us, "We're a small service and don't have any complaints as we deal with things quickly." We discussed with the registered manager that there were no easy read complaints forms for people to access and the registered manager agreed that this would be implemented immediately.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke about the registered manager in positive terms. One person told us, "I like the manager she's nice and firm but really calm. I like her working here with us. She's good company and knows what she's doing." One relative told us, "The manager is absolutely first class: very caring and sorts out any problems. In the last two years there were two bereavements and my daughter struggled but she got huge support from the manager."

The registered manager provided effective leadership, was an active presence in the service and understood the needs of the service well. The registered manager explained that they worked in the service regularly and so was available to staff members to discuss anything that was going on in the service. The registered manager told us, "I have handovers virtually every day with staff and can guide and help them with any issues: it's very open." The registered manager had ensured that staff were receiving regular supervision and appraisal which meant that staff members had a structured relationship with their line manager. The registered manager described a situation where a staff member had been encountering problems supporting one person. During supervision it had been discussed that the reason for the problems could be down to one of the person's diagnoses and that the staff member reminded the person of someone from their past. A strategy was agreed upon which helped the staff member to successfully support the person. The registered provider had a disciplinary procedure in place and the registered manager was able to describe how this would be used to manage staff members' performance. The registered manager told us, "I've had to do performance management but so far it has been informal: a chat around timekeeping or annual leave. This straightforward communication resolved things easily."

The service promoted a positive culture that was person-centred, open, inclusive and empowering. Professionals and relatives were encouraged to visit at any time. One staff member told us, "I think there is a very good atmosphere it is very homely and I know the ladies are all happy living there and I think it's very good really." The registered manager described a caring and forward thinking service where issues are anticipated before they become problems, due to the staff having close relationships with people and knowing their needs well.

The registered manager promoted a person centred service where people were included in all aspects of running the service and their personal lives. People discussed any changes or decisions to be made about their home and life, whether they were big or small, and their input was valued. The registered manager explained, "We have flowers outside the house so we all went together to decide which ones we will plant and people decide on the flowers. It's the same with shopping or having lunch out: people make their own decisions and it's important that this is carried through the service." The registered manager gave examples of bigger decisions where people were supported by their staff team to make choices, such as two people going on holiday and choosing the destination from a set of options. The registered manager commented, "When organising things like days out we show people photos or films and try and encourage them to try new things but the decision is theirs." The registered manager had made links with the local community. One person had an important link with the local bakery which they visited regularly. Other people were well known in the local shops, banks and colleges.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. There were a range of audits used by the registered manager to ensure that the quality of service delivered by staff was to the correct standard. Following a new registered provider taking over the service in 2016 a service-wide audit had been completed by an external consultant, an action plan had been created to address any shortfalls, and action points had been completed. In addition to this the registered manager had completed other audits on a monthly basis.

The registered manager had completed a new quality monitoring file with all of the regulatory checks compiled in one place. There had been regular fire, water and health and safety checks completed and evidenced. The registered manager told us, "I have completely changed the way we manage medicines. We used to use a local pharmacy but they wouldn't do an audit here, so we changed to a national pharmacy and they came out and ensured everyone's prescriptions are aligned and then they will do a full pharmacist audit and produce a report for us." The registered manager had written a new fire risk assessment and as a result of this assessment had put up emergency signage in the service. The registered manager had sent out quality surveys in January 2017 to obtain feedback about the service. The responses were mainly very positive from people with only comments such as, "I want to go on holiday" not scoring the service as highly as possible.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The locality manager confirmed that no incidents had met the threshold for Duty of Candour.

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 11 HSCA RA Regulations 2014 Need for consent The registered provider had failed to follow the principles of the MCA 2005.