Parkcare Homes (No.2) Limited

Seabreezes

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook an unannounced inspection of this service on 3 and 4 March 2016. The previous inspection took place on 17 December 2013 and found there were no breaches in the legal requirements at that time.

The service is registered to provide accommodation and personal care for up to six people who have learning disabilities, including autism and some complex and challenging behavioural needs.

Accommodation is provided in a detached house in a quiet residential area of New Romney, close to public transport and local amenities and shops. Accommodation is arranged over two floors and each person had their own bedroom. The home benefitted from an enclosed back garden.

This service had a registered manager in post. A registered manager is a person who is 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 time of inspection five people lived at the service and we were able to meet and speak with each person. People told us that they liked living in the home, they were happy, they liked the staff and the staff were kind. They thought the home provided a relaxed and comfortable living environment.

To help us understand the experiences of people did not readily communicate with us or preferred not to, we observed their responses to the daily events going on around them, their interaction with each other and with staff.

Our inspection found that whilst the service offered people a homely environment and their care needs were being supported; there were shortfalls in some areas that required improvement.

Arrangements to ensure sufficient staff were always on duty in instances of short notice absence were not always responsive enough. A recent instance meant there were insufficient staff to meet people's needs and address the possibility of behaviour that challenged; this resulted in a member of staff being injured.

The condition, décor and flooring in one bedroom meant it could not be effectively cleaned. This presented an infection control risk.

The service had not notified us of a recent event which they were legally obliged to.

The service had access to the local authority safeguarding protocols, and incidents that warranted referrals to the authority were made.

Medicines were safely administered and stored. Checks ensured sufficient medicines were ordered, the right

amount was given and that people received the right medicines when they were supposed to.

The service was responsive to people's needs. People's goals and wishes were progressed to encourage development of learning and exploring new activities and challenges. People told us that they felt safe in the service and when they were out with staff.

Authorisations and decisions, made under the Mental Capacity Act 2005 to deprive people of their liberty, were notified to the Care Quality Commission when they needed to be.

All staff had an understanding of the Mental Capacity Act 2005, and Deprivation of Liberty safeguards, they understood in what circumstances a person may need to be referred and when there was a need for best interest meetings to take place. Advocacy services were made available to people.

People had personalised records detailing their care and support, including well developed support plans for their emotional and behavioural needs. People were supported to access routine and specialist health care appointments. People told us staff showed concern when they were unwell and took appropriate action.

People felt comfortable in complaining, but did not have any concerns. People, relatives and visiting professionals had opportunities to provide feedback about the service provided both informally and formally. Feedback received had been positive.

People felt the service was well-led. The registered manager adopted an open door policy and sometimes worked alongside staff. They took action to address any concerns or issues straightaway to help ensure the service ran smoothly.

The provider had a set of values, which included treating everyone as an individual, working together as an inclusive team and respecting each other. Staff were aware of these and they were followed through into practice.

We found a number of breaches the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. 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.

Procedures intended to ensure sufficient staff were on duty were not reactive enough to always meet people's needs.

Some areas of the service did not allow effective cleaning and presented an infection control risk.

Medicines were safely stored and people received the right medicines at the right time.

Risks associated with people's care and support had been assessed and people felt safe.

Is the service effective?

Good

The service was effective.

People received care and support from a team of staff who knew people well. Staff understood that people should make their own decisions and followed the correct process when this was not possible.

Staff received induction training, which met recommended induction standards. Staff were supported, received on-going training and had regular meetings with their manager.

People were supported to maintain good health, attended regular health appointments and were referred to healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

Staff communicated effectively with people, they ensured that people's privacy was respected and responded to their requests for support.

Staff supported people to maintain contact with their family.

Is the service responsive?

Good

The service was responsive.

Care plan reviews took place and reviews of people's goals and ambitions were actively pursued.

There was an accessible complaints procedure and people were confident that any concerns would be addressed and action taken where necessary.

The home involved people and their families or advocates in planning and reviewing care.

People had a choice about activities which helped them meet new people and maintain friendships.

Is the service well-led?

Requires Improvement

The service was not always well led.

Statutory notifications required by CQC were not always submitted.

Quality assurance processes were effective and ensured any required actions were identified and progressed.

Staff felt supported and there was an open culture in the home which encouraged staff and people to share their views.

People, relatives and health and social care professionals thought the service was well run and spoke positively about the leadership of the manager.

Seabreezes

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.

We undertook an unannounced inspection of this service on 3 and 4 March 2016. The inspection was undertaken by one inspector, this was because the service was small and it was considered that additional inspection staff could be intrusive to people's daily routine.

We reviewed a range of records. This included three care plans and associated risk information and environmental risk information. We looked at recruitment information for four staff, including one who was more recently appointed; their training and supervision records in addition to the training record for the whole staff team. We viewed records of accidents/incidents, complaints information and records of some equipment, servicing information and maintenance records. We also viewed policies and procedures, medicine records and quality monitoring audits undertaken by the registered manager and provider. We spoke with each person, three staff and the registered manager. Some people were not able to speak with us directly, to help us further understand their experiences, we observed their responses to the daily events going on around them, their interaction with each other and with staff.

Before the inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and healthcare professionals. We reviewed notifications of incidents and other documentation that the provider had sent us since our last inspection. A notification is information about important events which the home is required to tell us about by law.

Requires Improvement

Is the service safe?

Our findings

People told us they were happy and felt safe living at the home. Comments included, "I'm doing well here, I feel all right" and "I like the home". People were comfortable within their home environment and appeared reassured by the staff who supported them. Although people told us they felt safe, we found some concerns which meant the service was not always safe.

Some people had behaviours that could be challenging towards staff and other people. The service had assessed this, together with people's other needs, required a minimum of three members of staff to be on duty to ensure people were supported as safely as possible. Risk assessments, complete with known and potential behavioural triggers, were in place. Staff kept detailed records of when incidents occurred and whether de-escalation or distraction strategies had worked. However, a short notice absence of a member of staff meant on a particular occasion, the service had operated below its required staffing numbers. Two people required one to one support and the two staff present were occupied providing this, however, this did not allow a contingency to support other people. This resulted in an incident where a person injured a member of staff. Risk assessments for this person clearly identified the trigger which had resulted in the incident and the registered manager accepted there were insufficient staff present to meet people's needs.

Established protocols were in place intended to address shortages of staff, whereby staff on duty would telephone other staff asking them to cover any absence. Although this process had been started, the incident occurred before an additional staff member was on site. Process in place did not recognise or were insufficiently responsive to meet the immediate need for more staff.

Planning and deployment of staff had not ensured that there were sufficient numbers of staff. This was in breach of Regulation 18 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

The service looked clean and was free from unpleasant odour, however some behaviours concerning continence meant a person's bedroom and clothes storage could present an infection control risk to themselves, visitors and staff. Staff and management had recognised the infection control implications; protective clothing and overshoe covers were used when needed and plans were in place to refurbish aspects of the bedroom, including provision of alternative areas for safe keeping of possessions the person liked to have around them. However, as observed during the inspection, the bedroom could not be effectively cleaned. This was because there were bare wooden surfaces and areas of paint missing from walls. This left porous surfaces exposed, which could not be effectively cleaned; they were not sealed and would easily absorb liquid and therefore harbour bacteria. Similarly, although vinyl flooring was fitted, it was not sealed at the skirting boards, some of which were lose, allowing liquid and moisture to enter the gap between the flooring and skirting boards. Again, this could not be effectively cleaned. Both sides of the bedroom door were visibly dirty and required cleaning. Discussion with the registered manager and our review of records found extensive efforts had been made to support the person with their continence. However, the registered manager accepted that improvement could be made and was planned to address the suitability of the bedroom to promote thorough and effective cleaning to infection control standards.

Aspects of the premises were not cleaned in line with current legislation and guidance. This was in breach of Regulation 15 (1)(a) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

Providers are required to ensure the premises and all facilities within the service are safe. Hot water thermostatic restrictor values were fitted to taps and showers and monitoring checks of water temperatures showed it did not exceed Health and Safety Executive (HSE) requirements. This helped to prevent the risk of scalding. However, there were contradictions in guidance to staff about safe maximum water temperatures; some saying 40°C for basins and showers and other saying 43°C. While guidance did not exceed maximum permitted temperatures, it presented conflicting information for staff and introduced the possibility of confusion. This was pointed out to the registered manager. This is an area we have identified as requires improvement.

A programme of ongoing maintenance and upgrading was in place. Most areas of the home were recently decorated and some redecoration was being completed during our inspection. Maintenance and repair reporting processes were in place, the pace of repair kept up with the rate of wear.

Medicines held by the service were securely stored and people were supported to take the medicines they had been prescribed. People's Medicine Administration Records (MAR) showed that all medicines had been signed to indicate they had been given. Staff who administered medicines to people had attended appropriate training and were regularly assessed by the registered manager to ensure they were competent to manage medicines.

Risks associated with people's care and support had been assessed and procedures were in place to keep people safe. Staff knew the different risks associated with each person and how to minimise any occurrence. Risk assessments were in place to help keep people safe in the service and when outside or attending activities and day centres. They clearly set out the type and level of risk as well as measures taken to reduce risk. These enabled people to be as independent as possible. For example, they included safety in public places, crossing the road and using transport. This helped to ensure that people were encouraged to live their lives whilst supported safely and consistently. Risk assessments were reviewed when needed and linked to accident and incident reporting processes. This helped to ensure the service learned from incidents and put processes in place to reduce the risk of them happening again.

Any concerns about people's safety or wellbeing were taken seriously. Discussion with staff showed they understood about keeping people safe from harm and protecting them from abuse. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. There was a policy and procedure that informed them about what to do. The service also held a copy of the locally agreed safeguarding protocols. Staff said in the first instance they would alert any concerns they might have to the registered manager, but understood about and could name the relevant agencies that could be contacted if their concerns were not acted upon.

Recruitment practices were robust. Required checks were completed before new staff started work to safeguard people. Proof of identity was obtained and files contained evidence that disclosure and barring service (DBS) checks had been carried out. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Application forms had been completed and two references had been received in each case. This helped to ensure people were protected by safe recruitment procedures because required processes had taken place.

Records showed the provider ensured proper maintenance of services, for example, the electrical installation; gas safety certificate, portable electrical appliances, fire alarm and fire fighting equipment were

checked when needed to keep people safe. Tests and checks of fire equipment and the alarm were conducted on a weekly and monthly basis, to ensure equipment was in working order. Fire drills were held regularly to ensure staff were familiar with actions in the event of an emergency.

Staff were provided with information about actions to take in an emergency and had emergency numbers to call. Staff were aware of assembly points and the registered manager was clear where people would be taken initially as a place of safety should the home need to be evacuated. Individual emergency evacuation plans were in place detailing the support people required to evacuate the building safely.

Good

Is the service effective?

Our findings

People spoke fondly and were positive about their home and the staff who supported them. They told us they received the right amount of support and felt staff supported them well. Commenting about the staff, one person said us, "They're all good". Another person said, "They all know what to do and the things we like. I don't have a problem with them". These comments were also reflected in surveys people had been supported to complete. Other surveys of relatives reflected staff had a good understanding and knowledge of people and their care and support needs.

Staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS form part of the MCA and aims to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom. Where restrictions are needed to help keep people safe, the principles of DoLS ensure that the least restrictive methods are used.

The MCA requires providers to submit DoLS applications to a 'Supervisory Body' for authority to impose restrictions. Applications had been made to the local authority for each person at the service. Decisions about all but one of the applications resulted in the granting of authorisation to impose restrictions. The application for the remaining person was pending decision by the Supervisory Body. All granted authorisations were current and the conditions set out in them were met.

Some people were able to give consent about aspects of their care and support. Some of these decisions were made by people with support of their family or independent advocates. Advocacy seeks to ensure that people, particularly those who are most vulnerable, are able to have their voice heard on issues that are important to them. Where people were unable to consent to some larger or more important decisions, best interest meetings took place. These ensured professionals, staff and where possible family members who knew people well were involved in decision making. This helped to ensure that the right decisions were made for the right reasons.

People told us their consent was gained, by talking through their care and support and routines with staff. Where able, people had signed their care plans to indicate they were happy with what they said. People said they were offered choices, such where to go out and what to eat or drink. Where people presented challenging behaviour, staff worked with health professionals to look at ways of managing the behaviour. Techniques and strategies, such as positive behaviour support and distraction or diffusion strategies were used at the service.

Staff received regular training in areas essential to the effective running of the service such as fire safety, first aid, infection control and food hygiene. A training planner identified when training was due and when it should be refreshed. Additional training had been delivered which helped staff support people, including Asperger's Syndrome, autism and learning disabilities awareness. All staff had received training to support people with behaviour that challenged. Staff told us the training was good quality and they felt confident to do their job properly, although some staff commented training was over reliant on computer based training. One member of staff told us, "The training I have received has been good". Another member of staff

commented, "There are plenty of opportunities for training, I've enjoyed it, I feel confident when I support people".

Supervision had lapsed in the first half of 2015, however, records showed and staff confirmed the service had since addressed this issue, a current schedule was in place and supervision took place when planned. Supervisions are formal meetings between staff and the registered manager. Supervisions covered achievements, training and individual actions or targets for staff. They gave staff the opportunity to raise any concerns about working practices and focussed on ideas to progress individual development of staff. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. Supervision processes linked to staff performance and attendance and, where needed, led to disciplinary action.

A comprehensive induction programme and on going training ensured staff had the skills and knowledge to effectively meet people's needs. The provider was aware of the new Care Certificate, an identified set of standards that social care workers adhere to in their daily working life and had introduced these for the induction of new staff employed after September 2015.

People had individual communication plans in place. These helped to ensure effective understanding between people and staff. Where needed, this included information about facial expressions, body language and gestures as well as other indicators such as people's general demeanour and what any changes may indicate. For example, how people may appear and react if they experienced pain, anxiety or were becoming frustrated. Staff were aware of people's communication needs and used them effectively. Communication aids such as pictorial prompts and objects of reference were available for some people if needed, but we saw people generally communicated verbally and were able to understand and respond to verbal communication by staff.

People had enough to eat and drink. The meals served during our inspection looked appetising. People finished their meals and told us they had enjoyed them. Staff were aware of people's food preferences and any specific dietary requirements. Pictorial reference cards and a pictorial menu helped people choose what they wanted to eat. Where the amounts people had to eat or drink could be a cause for concern, staff supported people's moderation, for example, with visual day planners.

People were supported to maintain good health and received on going healthcare. People were registered with the local GP and had access to other health care services and professionals as required, including a psychiatrist retained by the provider. Where specialist advice was needed, for example in relation to a person's communication and comprehension abilities, support was arranged from speech and language specialists. Health action plans were in place. They were based upon individual needs and included dates for medical appointments, medicine reviews and annual health checks. This was a proactive way of helping to maintain good health.

Staff communication was effective and staff planning ensured a senior member of staff was on duty. This helped to ensure that key messages were conveyed during staff handover.

Good

Is the service caring?

Our findings

People told us the staff supporting them were kind and felt that they cared about them; they found this comforting and reassuring. Everyone thought they were well cared for. One person told us, "I visit my family, but I'm happy this is my home" another person said, "They (the staff) work hard". People told us they were treated respectfully and with dignity. They felt they were treated equally but also as individuals and their independence was actively promoted. Everyone told us they thought the staff were fair.

Interactions between people and staff were positive, respectful and some made with shared humour. The atmosphere was light, calm and friendly. When staff supported people, they responded promptly to any requests for assistance. Staff were friendly and unhurried in their approach, giving people time to process information and communicate their responses. Staff were aware that different people responded to different communication styles, they were consistent in the ways they spoke to people. For example, short sentences helped some people understand what to do, where as other people preferred a more conversational approach or needed reminding about other people's personal space. Where needed staff used objects of reference and pictorial prompts as required to support people's understanding and choice making.

We observed many examples of positive interactions between staff and people, with staff showing respect and kindness towards the people they were supporting. Staff spoke respectfully and kindly about people between themselves when discussing how people's days were going and during staff handover meetings.

People were consulted with and encouraged to make decisions about their care. One person told us this made them feel they were listened to. They told us, "The staff know a lot about me and what I like, but they still ask me what I think about things". Where it was not possible for family members to support people making decisions about their daily lives, we saw independent advocates were appointed to support them. People confirmed they were able to get up and go to bed as they wished and have a bath or shower when they wanted. People were able to choose where they spent their time and moved around the house as they wanted. There were several areas where people could spend time, including a garden room, outside smoking area, the lounge or their own bedrooms. People told us they enjoyed spending time in the garden in warmer months and liked the raised pond and planting areas. Bedrooms were individual and people felt they suited their tastes and needs. One person had an interest in collecting papers and magazines; staff supported them to sort through their collection and provided alternative storage areas to enable their bedroom to be more easily cleaned.

People's independence was maintained. People talked about choosing meals they liked to have, planning menus and some people helped to prepare food and drinks. Some people helped with household chores; there were pictorial prompts to remind people what they were doing. One person had asked to be paid for helping with tasks around the service and garden. Staff had supported this request, a contract had been drafted and rate of payment agreed. The person told us this helped to provide an incentive to help; staff recognised it also promoted their individuality, self-image and confidence. People felt staff encouraged them to maintain their independence and daily living skills.

Each person had a detailed pen picture. This included the most important things about them, the most important things to them and the most important areas where they required support. This provided detailed information for staff and helped to ensure staff were aware of these needs. Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They knew what people liked and didn't like. Staff told us they had got to know people well by spending time with them and, where possible their relatives, as well as by reading people's care records.

People said they had their privacy and dignity respected. Several people told us, "They knock on my door and wait to come in." People were dressed in clothes of their choice; they told us they felt clean and well cared for.

Care records were stored in a locked room when not in use. Information was kept confidentially. Staff had a good understanding of privacy and confidentiality and there were policies and procedures to underpin this.

Although we did not see any visitors during our inspection, people told us and recent surveys confirmed that their friends and family were welcomed and could visit at any time. Some people told us staff supported them to travel to see their family and they had regular telephone contact.

Good

Is the service responsive?

Our findings

People felt staff knew what they liked and which activities, interests and subjects of discussion were important to them. They had regular activities and outings, some people felt they especially benefitted from going to social clubs, day centres and events held locally. They told us this gave them an opportunity to see friends, make new friends as well as learning computer skills and practicing day to day life skills. Some people told us this helped them to feel more confident. The engagement with wider groups of people for learning and social activities helped to ensure people did not feel socially isolated.

Completed pre-admission assessments ensured the service was able to meet people's individual needs and wishes, although nobody new had moved into the service since our last inspection. Care plans were developed from the pre-admission assessments as well as discussions with people, their relatives and the observations of staff. Monthly key worker meetings ensured care planning, goals and aspirations continued to meet people's requirements. People were happy with the care and support received and felt it met their needs.

Care plans contained information about people's wishes and preferences and were presented with pictorial prompts to make them easier for people to engage with and understand. Some people had read their care plans and signed them agreeing with the content. Other people told us staff had gone through their care plans with them and they were happy with what they said. Care plans contained details of people's preferred routines, such as a step by step guide to supporting the person with their personal care. This included what they could do for themselves, however small and what support they required from staff. For example, the elements of personal care that people could do independently.

Behaviour support plans and risk assessments provided guidance about behavioural triggers and the support people needed when they became distressed or challenging towards staff or others. This included information for staff to help them understand why some behaviour may occur, primary and secondary behaviour prevention strategies and any reactive action that should be taken or avoided. Evaluation of behavioural events and the support provided helped to inform reviews by staff and health care professionals.

Care plans gave staff an in-depth understanding of each person and staff used this knowledge when supporting people. Care plans reflected the care and supervision provided to people during the inspection. Daily notes reflected what each person had done, their mood and any events of importance, for example visits from health care professionals or if a person had been unwell.

Health action plans detailed people's health care needs. The plans contained comprehensive and specific information, including input from health and social care professionals where necessary. This had helped to ensure that health conditions and behaviours were monitored and appropriately reviewed so that the right support was provided. We saw that specialist occupational living aids were provided, for example, an air flow mattress to help reduce the onset of pressure areas and an orthopaedic chair to support a person to sit safely and comfortably.

Care plans were reviewed continually to ensure they remained up to date. Annual reviews were current and provided oversight of care provided. These were open to people's care manager, relevant person representatives, their family or an advocate and staff. People told us they thought they received the support they needed.

Activities and goal setting enabled people to create changes they may desire and introduced structure and a way of helping people manage and meet their expectations. We looked at how people's goals and aspirations were recorded and reviewed and saw how this linked to activity planning, development of learning and exploring new activities and challenges. The registered manager explained the service tried to make goal setting a visible and tangible as possible for people; including incentives and rewards of personal interest people when they achieved a goal or had tried to progress.

People told us they did not have any complaints and did not wish to make any. They told us they knew the staff, the registered manager and some regional staff by name and were confident that, if given cause to complain, it would be resolved quickly. The registered manager confirmed that there were no complaints at the time of our inspection. Staff clearly explained how they would support people to make a complaint if the need arose and provided examples when they had done this.

Requires Improvement

Is the service well-led?

Our findings

Staff and people were positive about the registered manager, describing them as "Knowledgeable, approachable and supportive." Provider staff visited the service regularly, people told us they often spoke with them and seemed genuinely interested in how they were by asking if they were happy living at the service and if any changes needed to be made. Appropriate checks and audit measures were in place, however the service had not taken all required action needed.

All care providers must notify us about certain changes, events and incidents affecting their service or the people who use it. These are referred to as statutory notifications and the requirement is these notifications must be made without delay. Checks established the service had not notified us when they needed to about a recent incident involving the police. The registered manager confirmed they were aware of the requirement to send in notifications without delay and acknowledged their oversight on this occasion.

The registered person had not notified the Commission of events which they had a statutory obligation to do so. This is a breach of Regulation 18 (1)(2)(f) of the Care Quality Commission (Registration) Regulations 2009.

Effective auditing and checking procedures were in place. The registered manager and provider undertook regular checks of the service to make sure it was safe and people received the support they needed. These included areas such as infection control, medicine management, nutrition, mobility and care plan quality. In addition a programme of monthly audits completed by the Area Quality Manager helped to support governance processes and reviewed the quality of life for people, the environment they lived in, care, leadership, operational processes and systems. Where checks identified concerns, action plans, timescales and accountable staff ensured they were addressed. For example, staff supervision had lapsed in the previous year, an action plan was adopted and supervisions were now taking place as scheduled and in line with the provider's policy. Checks had identified the need for improvement of infection control measures to a person's bedroom; building and refurbishment work was authorised and imminently planned to facilitate this.

Established systems sought the views of people, relatives, staff and health and social care professionals. Regular meetings and a suggestions system ensured people and their families felt involved in the service and listened to. Where people had made suggestions, these were well received and acted upon. Staff felt the provider and registered manager listened to their opinions and took their views into account. For example, some people had requested a fish pond in the garden and an enclosed raised pond had been built.

Easy to read format surveys helped to gain people's views about what they thought of the service and their levels of satisfaction with it. People felt involved in the service and staff encouraged people's suggestions and ideas. Examples included meetings where decoration, improvements to the service, holidays, activities and food choices were decided. People told us they had helped to choose some lounge furniture as well as the décor colour in the lounge, bedrooms and hallways.

Staff told us and records confirmed the culture within the service was supportive and enabled staff to feel able to raise issues and comment about the service or work practices. One member of staff commented, "There is a very open culture here, I feel able speak out about anything". Other staff told us, if needed, they felt confident about raising any issues of concern around practices within the service and felt they would be supported by the registered manager and provider.

The registered manager told us that the values and commitment of the service were embedded in the expected behaviours of staff and were discussed with staff and linked to supervisions and appraisals. Staff told us the values and behaviours included treating people as individuals, being respectful, teamwork and supporting people to live a fulfilled life. Staff recognised and understood the values of the service and could see how their behaviour and engagement with people affected their experiences living at the service. Staff displayed these values during our inspection, particularly in their commitment to care and support and the respectful ways in which it was delivered.

People knew the different roles and responsibilities of staff and who was responsible for decision making. Observations of staff interaction with each other showed they felt comfortable with each other and there was a good supportive relationship between them. Staff felt they worked together to achieve positive outcomes for people, for example, discussing outings or the health of a person who was agitated and suggested actions.

Policy and procedure information was available within the service and, in discussion; staff knew where to access this information and told us they were kept informed of any changes made.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission of events which they had a statutory obligation to do so. Regulation 18 (1)(2)(f) Care Quality Commission (Registration) Regulations 2009.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Areas of the premises were not cleaned in line with current legislation and guidance. Regulation 15 (1)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Planning and deployment of staff had not ensured that there were sufficient numbers of staff. Regulation 18 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.