

# Parkcare Homes (No.2) Limited

## Homeleigh Farm

### Inspection report

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Date of inspection visit: 26 November 2015  
Date of publication: 29/02/2016

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

The inspection was unannounced and took place on 26 November 2015. This service provides accommodation and personal support for up to six people with learning disabilities and autistic spectrum disorder. Accommodation is laid out over a single ground floor bungalow and each person had their own bedroom. At the time of inspection this was an all-male household and there were no vacancies.

This service was last inspected on 18 December 2013 when we found the provider was meeting all the regulations.

There was a registered manager in post who had managed the service for a number of years. 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.

Improvements were needed to the recruitment procedures for new staff to ensure these protected people from the appointment of staff who were unsuitable. People's records did not make clear strategies for managing specific health conditions people needed support with. Improvements were also needed to the frequency of fire drills for staff to ensure they knew how to

# Summary of findings

keep people safe in the event of a fire, and the recording of medicines received to ensure processes were guided by good practice. The effectiveness of staff training and supervision were also areas for improvement to ensure all staff felt engaged in and valued these processes.

People were routinely asked to comment about the service and their views were analysed, the registered manager told us that issues raised by people within these surveys were discussed at house meetings but these discussions and how they informed either staff practice or service development were not recorded. Quality assurance audits were undertaken on a weekly, monthly and six monthly basis to highlight and address shortfalls in service quality, but were not sufficiently effective to highlight the issues we found at inspection.

People were supported to develop and maximise their potential for independence at a pace to suit themselves and that they were comfortable with. Staff were guided in the support they gave to people through the development of individualised plans of care and support; risks were appropriately assessed to ensure measures implemented kept people and others safe.

Staff retention was very good and nearly all staff had been with the service for more than eight years. There were enough staff with the right skills to support people properly. Staff received induction and completed a range of on line training to give them a basic knowledge and understanding of how to deliver appropriate care and support. Staff felt listened to. Staff were very experienced and knowledgeable about the people they supported and the routines of the service. Staff said they were provided with regular staff meetings and they valued these, they felt they worked well together as a team and felt confident of raising issues within the staff meeting.

People's medicines were well managed by trained staff. Staff were able to demonstrate they could recognise, respond and report concerns about potential abuse. The premises were maintained to a reasonable standard with further planned upgrade works underway but taking time to achieve. All necessary checks tests and routine servicing of equipment and installations were carried out.

People ate a varied diet that took account of their personal food preferences; most participated in some

way in the preparation and cooking of meals if they wanted to. People's health and wellbeing was monitored by staff that supported them to access regular health appointments when needed.

People communicated well with staff and those around them; staff understood their moods and expressions that informed staff how they were on a day to day basis and staff responded accordingly with the level of support and interaction they offered.

People made everyday decisions for themselves, but staff were available to offer support if they needed prompting.

People showed that when they were unhappy about something they made this known to staff. Relatives told us they found some staff really nice and approachable and felt confident they would inform them if there were any issues of concern regarding their relative, or if they wanted an update of what their relative had been doing.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider and registered manager understood when an application should be made and one person had a DoLS authorisation in place. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were treated with kindness and respect; their needs were attended to by staff when and if they required it. People respected each other's privacy. People were supported to maintain links with the important people in their lives and staff supported some people to make visits home to their families.

## **We have made two recommendations:**

**We recommend that the registered manager reviews NICE guidance around administration of medicines in care home in relation to handwritten changes to medicine records.**

**We recommend that the registered manager reviews the required frequency of fire drills for night staff in accordance with the Regulatory Reform (Fire Safety) Order 2005.**

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

# Summary of findings

## 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 always safe.

Staff recruitment information needed improvement so that checks undertaken ensured only suitable staff were employed. Medicines were managed well but minor improvement was needed to the recording process for receipt of medicines. The frequency of fire drills for night staff needed improvement to ensure they knew how to keep people safe.

There were enough staff to support people safely. The premises were well maintained but some planned works were still to be scheduled. Servicing checks and tests of fire, oil fired boiler and electrical installations were carried out regularly.

Staff understood abuse people could be subjected to and how to respond and report on this. There was a low level of accidents and incidents and these were kept under review in case of any emerging patterns or trends.

**Requires improvement**



### Is the service effective?

The service was not always effective.

The support people needed around some specific health conditions was not well recorded. Staff received training suitable for their role. Formal support networks for staff through staff meetings were in place.

People ate a varied diet that took account of their preferences. People's health needs were monitored and they were supported to access healthcare appointments.

People were supported in accordance with the Mental Capacity Act 2005 and were consulted about their care and support needs. Guidance was available to inform staff about how they should support people whose behaviour was challenging.

**Requires improvement**



### Is the service caring?

The service was caring.

People had time to spend with staff to talk about their care and support.

People's privacy was respected. Staff showed kindness, and respect in their interactions with people which were relaxed and jokey in nature.

Staff promoted people's independence and ability to do more for themselves. Staff supported people to maintain links with their relatives and representatives. Relatives and other professionals felt they were kept informed.

**Good**



# Summary of findings

## Is the service responsive?

The service was responsive.

People referred to the service had their needs assessed to ensure these could be met. Care plans were individualised and took account of people's capacity, the specific areas they needed support with, their support preferences and things that were important to them.

People had individual activity planners of preferred activities, these were a guide and they could choose on a day to day basis what they wanted to do.

People and relatives told us they would have no problems in raising concerns if they needed to.

**Good**



## Is the service well-led?

The service was not consistently well led

People were asked to comment about the service and these were analysed, but it was unclear the steps taken to address shortfalls they raised to ensure these were discussed and acted upon. Quality assurance audits were undertaken regularly but had not been effective in identifying the shortfalls found at inspection.

Relatives and staff commented positively about the service. People said they liked living there and professionals said they had no concerns about the service.

Policies and procedures were kept updated to inform staff. Staff said they felt listened to and supported

**Requires improvement**



# Homeleigh Farm

## 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 26 November 2015 and was unannounced. This is a small service, so to ensure our inspection was not intrusive to people living there it was conducted by one inspector.

Prior to the inspection we asked the provider to complete 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 looked at the information provided in the PIR and used this to help inform our inspection. We reviewed the records we held about the service, including

the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

We spent time with and spoke with all of the people using the service. We also spoke with the registered manager, and deputy manager, a team leader and two care support staff. After the inspection we received feedback from five relatives and three health and social care professionals. No concerns were highlighted from their feedback.

During the inspection we observed how people interacted with each other and with staff. We observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported.

We looked at people's care and health plans and risk assessments, medicine records, staff recruitment training and supervision records, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance surveys and audits.

# Is the service safe?

## Our findings

Most people had lived at the service for many years and were very settled, some said they felt happy about living there and their relatives told us that they always seemed happy about returning to the service. People showed they liked the staff supporting them through the jokey interactions and easy way they spoke with each other.

There had been good retention of staff with all but one staff member having worked at the service for more than five years. People were not however, protected from the risks of receiving support from unsuitable staff, because recruitment documentation did not meet regulatory requirements. Efforts had been made to improve the quality of recruitment information collected in regard to the most recently recruited staff member; recruitment documentation including theirs, however, showed that whilst two out of three files viewed had two references neither file had a reference from the person's previous employer. One file had no employment references and only one character reference. One file lacked relevant personal identity information or a statement of medical health, and employment histories were missing for two staff so that gaps in their employment and verification of reasons for leaving previous care roles could not be explored.

The failure to maintain a safe recruitment procedure and undertake all required checks is a breach of Regulation 19 (3) and schedule 3 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Staff ensured new visitors to the building were shown the fire exits and advised of the emergency assembly point and whether an alarm test was due that day. A fire evacuation plan was in place in the event of a fire. People's individual evacuation needs had been considered and recorded so that staff knew how much support they needed to leave the building quickly and safely. Emergency plans in the event of other events that might stop the service had been developed and these were kept in the main staff office with the other fire guidance for staff to see.

The alarm system was serviced regularly and tests of this were undertaken weekly by staff with monthly checks made of emergency lighting. Checks and tests of fire equipment were made regularly. People with staff participated in fire drills but the frequency of night time fire drills was an area for further improvement.

The premises were kept visibly clean, tidy and odour free; they were well maintained and provided people with a safe comfortable homely environment to live in. General repairs and upgrading of the premises were undertaken in a timely way but some planned upgrading of the staff office and bathrooms and toilets was still to be scheduled. This is an area we have identified as requiring improvement. Staff reported that repairs were undertaken quickly. The electrical installations, portable electrical equipment and oil fired boiler were serviced regularly to ensure these remained in good working order.

Staff had received infection control training; they were provided with personal protective clothing if this was needed. Staff understood about cross contamination and a system was in place to separate soiled and normal laundry when the need arose. Cleaning schedules were in place and staff were required to complete some tasks on a daily and nightly basis. People were encouraged to undertake some household tasks like room cleans personal laundry or hoovering and received financial incentives for doing so.

People were protected from harm because staff had received safeguarding training that helped them to understand, recognise and respond to abuse. Staff were confident of raising concerns either through the whistleblowing process, or by escalating concerns to the registered manager and provider or to outside agencies where necessary.

Team leaders and a few more experienced staff were trained to administer medicines and ensure people received their medicines when they needed them. The ordering, receipt and disposal of medicines was undertaken by the registered manager, deputy or team leader. A medicine assessment was undertaken to judge whether people could administer their own medicines, no one had been assessed as able to do this without staff support. Individualised medicine protocols were in place for medicines that people took now and again for specific illnesses, the protocols helped staff to administer these medicines in a consistent way. A range of policies were in place to inform staff what to do for example, in the event of refusal of medicines or medicines errors. Staff competency around management of medicines was reassessed from time to time, and the PIR informed us that there had been no medicine errors in the past 12 months.

A medicines audit was conducted on a weekly and monthly basis to highlight any shortfalls and an action plan ensured

## Is the service safe?

any issues were dealt with. Medicine keys were kept secure, medicines were dated upon receipt and opening, storage was clean and temperature records maintained to ensure these were not too high or low. A drugs fridge was used to store temperature sensitive medicines. Medicine administration records were completed appropriately and new medicines received mid cycle were handwritten onto the MAR with the date received and the signature of the receiver. It is good practice that handwritten changes on MAR sheets are signed by two staff to help reduce the risk of errors occurring and this is an area for improvement.

Two people told us about two recent accidents they had had. These had been appropriately recorded and interventions sought from health professionals where needed. There was a low level of reported accidents/incidents. These were analysed by the registered manager for any emerging trends or patterns that could suggest a developing issue.

At inspection there were three care staff on duty in addition to the deputy manager and Registered Manager. The staff rota confirmed that this level of staffing was maintained;

staff and people told us that there were enough staff available to provide people with the support they needed. The service did not use agency staff and gaps in shift were covered from within the staff team.

Risks people may be subject to from their environment or as a result of their own care or treatment needs were assessed; risk reduction measures were implemented and staff provided with guidance on how to support people safely, for example, safety on public transport or in the community. Peoples individual risk profiles were discussed with them and they signed their agreement to the measures in place. These were kept updated and reviewed to monitor how effective risk reduction measures were and to make changes if required to further reduce risk levels and keep the person safe.

**We recommend that the registered manager reviews NICE guidance around administration of medicines in care home in relation to handwritten changes to medicine records.**

**We recommend that the registered manager reviews the required frequency of fire drills for night staff in accordance with the Regulatory Reform (Fire Safety) Order 2005.**



# Is the service effective?

## Our findings

People said they liked staff supporting them, and some people sought out the registered manager to sit with her in the office. We observed that people were comfortable in the presence of staff and generally seemed at ease and relaxed with them. Relatives told us they were satisfied with the support the staff were giving their particular family member, but some concerns were expressed about significant weight gain for one person and a lack of a clear strategy for managing this despite concerns about this being raised previously.

Staff may not recognise when some people with specific health conditions were experiencing a deterioration, because care plan records did not give detailed guidance to staff about individual conditions which were not on a daily basis causing particular concern or requiring very specific support, for example sensory impairment, and mental health. Strategies used for people with conditions that posed a risk of uncontrolled weight gain were not effective; weight monitoring which was usually undertaken bi-monthly for most people had not been prioritised for more frequent checks to identify emerging problems. This information would help staff to recognise signs and symptoms and act quickly to seek interventions.

The failure to record and act on how some aspects of people's specific care and treatment risks were managed is a breach of Regulation 12 (2) (b) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

New staff completed an induction programme at the start of their employment; Induction workbooks were assessed and marked by the registered manager. The present system of shadowing experienced staff and completing online training met the requirements of the new care certificate, and a new induction workbook that followed the nationally recognised Care Certificate standards was being introduced.

New staff were given time to settle into their roles before they were added as a full member of staff on shift. Their competency was assessed through probationary meetings at intervals during a six month probation period. Nine out of 11 staff had completed nationally recognised vocational qualifications ranging from NVQ level 2 to diplomas in health and social care. All staff were provided with a programme of on line refresher courses that they were

required to complete, for example health and safety, safeguarding, infection control, first aid, fire training, moving and handling. Some specialist training provided by external trainers and relevant to the needs of the people in the service was also provided to all staff when new people were admitted with additional needs such as diabetes or Prader-Willi Syndrome.

Staff said that the registered manager was always available, and that they felt able to approach her at any time if there were issues they wished to discuss. All staff received an annual appraisal of their performance and development. Staff also met regularly with the registered manager to give them an opportunity for individual face to face discussion and talk about their roles, responsibilities, performance, development and training needs throughout the year. Some staff were more motivated about supervision than others, one said "I like supervision; it's good to learn from mistakes, discussion at supervision helps with my confidence". Records of individual supervision with staff were poorly completed and showed a lack of engagement by some staff in this process.

Staff supported people with their health appointments. People were referred to health care professionals based on individual needs. A temperature record was maintained if people were showing signs of being unwell so this could be monitored and inform the decision to refer to the GP. Each person had a health action plan that identified what their health needs were, and how these were being addressed; this included records of contacts and appointments with health professionals. A hospital passport had been developed for each person in the event that they were taken to hospital; this gave medical staff key information about the person, their care, support and health needs, any allergies they had and medicines they were prescribed to take. This enabled the person to receive the right level of support whilst they were in hospital. People were supported to attend regular health checks, dentist appointments and vaccinations for flu. Some medicines required that people had regular blood tests and staff ensured that people went to these appointments to ensure their medicine regime was safe.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS concerns decisions about depriving people of their liberty, so that they can be given the care and treatment they need, where there is no



## Is the service effective?

less restrictive way of achieving this. The registered manager understood when an application should be made and had made a referral on behalf of one person who met the criteria and this had been authorised. Staff had received training in the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. People had capacity to make their own everyday decisions and choices. This was reflected in the way staff communicated information and sought consent from them. Staff understood that when more complex decisions needed to be made perhaps around health care decisions and interventions people might not have the capacity to decide this on their own, and relatives and representatives and staff would help make this decision for them in their best interest.

Physical restraint was not used in the service. Staff had received training in de-escalation techniques. Each person's behaviour was broken down into three levels using a green, amber, red traffic light system, each level of behaviour provided individualised information and

guidance to staff about the specific triggers precipitating behaviour for staff to look for, and what action they should take at each stage if the person's behaviour escalated. There was a low level of accidents and incidents and these were monitored and analysed for emerging trends.

Staff said they met as a team on a regular basis and found these meetings a safe place to raise issues and felt listened to. Staff said that they were kept well informed about people's needs and comprehensive handovers between shift changes provided them with updates about people's care needs.

The service did not use written menus. Everyone was able to express their specific needs and wishes and every two days when there was a changeover of team members' people were asked what they wanted to eat and food was bought fresh to last until the next shift change. People were consulted on a daily basis about what they wanted for breakfast lunch and dinner; staff were aware of people's individual food preferences and dislikes and any specific dietary needs they had.

# Is the service caring?

## Our findings

Several people said they liked living at Homeleigh farm “I like living here it’s quite a nice place”. Another said it was much better than where they had been previously. Another person said it was alright but sometimes other people living there “Get on my nerves”. Relatives said that on the whole they thought it was a good placement for their family member and that staff seemed to know how to support people appropriately.

The continuity in staffing meant that staff knew people well and had built up relationships with them, they were familiar with their life stories and preferences, and they spoke to people in a respectful and kind way.

People were encouraged to develop and use their potential for independence at a pace to suit themselves; they took responsibility for aspects of the household routine, and making drinks and some meals for themselves under the supervision of staff.

We observed people moving freely around the service and sometimes seeking out specific staff to talk to or sit near, or not necessarily talking with others but sitting companionably with them whilst they drank their tea and sat answering our questions. People were interested in our inspection process and contributed to our understanding of their experiences by sharing information about themselves and what they did to keep occupied or things that were important to them.

We observed staff took time to listen and interact with people so that they received the care and support they needed. People were chatty and there was occasional laughter and smiles as we talked about everyday things they did, liked and aspired to, we saw several positive interactions between people and staff and vice versa.

Two people were going out to the cinema and one person changed and took pride in showing us their clothes and how smart they looked, staff discussed arrangements for people to have popcorn and drinks at the cinema to complete the experience.

Another person told us about travelling independently to visit their relatives, and how they preferred the train to using the bus. They enjoyed new technology and had saved money to purchase a range of electronic equipment for example, iPad and iPhone for their personal use.

People had their own space and could be private when they wished, they had their own bedroom key and some locked their rooms when not there; they respected each other’s privacy. People’s bedrooms had been personalised to reflect their individual tastes and preferences and were full of

possessions, photographs, pictures and important memorabilia.

People were involved in their plans of care according to their understanding and abilities; their care and support needs were discussed with them each month with their key worker and changes were made to their support if necessary from these discussions. People’s care plans contained information about the important people in their lives and important events they needed to be reminded about. Some people had regular contact with their families and spent time with them or received visits or gifts on important anniversaries. People told us about holidays they had taken with the service, these were undertaken twice each year and people were consulted about where they wanted to go.

People had opportunities to meet together to talk about things that they thought were important, they were asked to provide feedback in the form of an annual survey which asked them key questions about their experiences of support; this showed people were consulted and involved in their care and support.

# Is the service responsive?

## Our findings

People received support that was responsive to their individual needs. They told us about some of the things they liked to do when out or when they were at home, they all had interests and hobbies to occupy themselves. Two relatives were not sure if their family members had enough to do. Other relatives told us they thought people were provided with a range of things they liked to do and went out a lot, they said “He goes out to the gym or for walks quite often”, another said “they have tried lots of different types of activities with him over the years but he gets fed up after a while and stops doing it, and yes they respect his decision”.

Each person had a weekly activity planner; these were set up annually in consultation with each person. The planners scheduled activities so that people were busy for part of each weekday if they wanted to be; some people liked to spend time at home and time was also set aside for doing other things of their own choice. People talked about the activities they did during the day which they said they enjoyed, for example, shopping, walking, feeding their fish or the birds, and gardening. The activity planner was a guide to the kinds of activities that individual people usually showed an interest in doing they could choose to do the activity highlighted or an alternative of their choice, unless it was a booked activity.

Staff engaged in conversations with people about their interests, and made a point of highlighting events people might wish to see or participate in. During inspection there was some discussion about who was going to the cinema that afternoon, and one person had been out to do personal shopping. A record of the frequency and range of activities undertaken by each person was maintained each month. Records for two people showed that one person had activities outside of the service on 18 out of 25 days and another on 14 out of 25 days, this showed that people had regular opportunities for getting out and doing things they wanted to do in the community with staff support.

People were encouraged to take an active role in household tasks and they earned therapeutic earnings from taking on jobs around the service and in the garden, if they were assessed as able to do so safely. The team leader maintained a work book that recorded what work people had done and for how long; the team leader calculated how much each person had earned that week and this was

paid out to them on a weekly basis. Some people had really embraced this and used these earnings to supplement their personal allowance; this had enabled them to save and purchase things they wanted.

We met one person who was the most recent person to be admitted to the service. They told us they much preferred living here, and had come for a few visits before coming to live there full time. The registered manager explained that people were usually admitted following full assessment and trial visits with reports from other professionals, but this was not always possible when there were pressures for people to be moved quickly.

Care plans were personalised and looked at what people could do for themselves and what they needed assistance with to live their daily lives. They addressed the individual support people needed around maintaining for example their personal care, social interaction, leisure interests, night time support, health needs, and capacity in regard to finances and medicines. Care plans were updated every three months by the deputy manager. Each person had an allocated keyworker, key workers rotated four times annually and this enabled them to gain an in-depth understanding of each person they worked with. Key workers took time each month to sit with their allocated person to talk about their care and support; any issues that arose from these discussions were taken forward to the registered manager, and deputy manager who updated the relevant care plans and/or risk information.

Staff completed a daily report that commented on people's mood, activities they had undertaken, what they had eaten, things that went well and any issues that had arisen. Two people wrote their own daily reports and these were monitored by staff; night staff added to these for their night reports to give a complete picture of support over 24 hours.

There was a complaints procedure available for everyone, this was also displayed. People said they felt able to tell staff if they were upset or concerned about anything, and they had opportunities at house meetings and key worker meetings to make their views known. Relatives told us they felt able to raise any concerns with the registered manager who most said they found approachable. There was a complaints log for recording of formal complaints received. The PIR informed us and the registered manager confirmed that no formal complaints had been received in the last 12 months. Staff said they did not record every minor irritation that people had with each other as this was part of living

## Is the service responsive?

within a group of other people, however they did have a complaints book for minor complaints raised by people,

and we saw that at least one person was an active user of this, writing their complaint themselves; the book showed this was read by staff and that the persons complaints were responded to appropriately.

# Is the service well-led?

## Our findings

Staff commented positively about the service and how much they enjoyed working there. Staff said they worked in a nice team, and they thought communication was good between them. One said “There is an open door policy by the registered manager who is very approachable; another said “She is very approachable, fantastic, she listens, she has that capacity to understand everyone”.

A range of internal audits covering health & safety, finance, medicines, catering, and housekeeping were in place, completed on a weekly basis by staff with monthly checks made by the registered manager or an appointed member of senior staff. These checked all aspects of the service to assure the registered manager that tasks allotted to staff were being completed. The registered manager undertook unannounced spot checks of the service and recorded her findings and actions taken as a result. However, shortfalls we have identified in respect of recording around staff recruitment files, recording around support needed for specific health conditions, staff supervision records and inconsistencies in recording of people's one to one meetings with their key workers, night staff fire drill frequencies, signatures for booked in medicines, are all shortfalls not picked up within audit processes and could pose a risk of people not receiving the support they need.

People and staff said that the locality manager was a visible presence to staff and people and took time when she visited to speak with them. She undertook regular audits of the service and produced a service improvement plan but the shortfalls we have highlighted were not picked up as part of these audit processes.

People were asked to give their views about the service every six months, feedback was analysed but there was a lack of clarity about how shortfalls people identified were discussed and addressed to their satisfaction.

There was a failure to ensure that systems to assess and monitor service quality and feedback from people using

the service, their relatives and other stakeholders were being implemented effectively. This is a breach of Regulation 17 (2) (a) (e) of the Health and social Care Act 2008 (Regulated Activities) 2014.

The atmosphere within the service on the days of our inspection was open and inclusive. Staff were seen to work in accordance to people's routines and support needs.

Staff told us that they felt supported and listened to by senior staff at local level; however, one staff member said they had lost their enthusiasm for one to one supervisions because although they had raised ideas for enhancing the work they did with people, by requesting for example extra gardening tools, resources to make this happen were never made available.

Staff felt that between themselves and the registered manager communication was good. Formal staff meetings were held on a regular basis where staff were kept informed of operational matters and any changes to this and discussed their support of individual people.

Most staff other than the deputy and registered manager worked shifts in teams of three and worked two days on and four days off. The registered manager or deputy met with staff at every shift change to ensure they kept everyone informed of important changes and also received an overview of any emerging issues staff had become aware of.

Information about individual people was clear, person specific and readily available. Guidance was in place to direct staff where needed. The language used within staff communication and daily report records reflected a positive and respectful attitude towards the people supported.

Staff had access to policies and procedures, which were contained within a folder and was held in the service. Policies and procedures were reviewed regularly by the provider's representatives to ensure any changes in practice, or guidance was taken account of, staff were made aware of policy updates and reminded to read them.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**There was a failure to ensure guidance was provided to staff in regard to the management of people's specific health condition needs 12 (2) (b)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**There was a failure to ensure that systems to assess and monitor service quality and feedback from people using the service, their relatives and other stakeholders were implemented effectively. Regulation 17 (2)(a)(e)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**There was a failure to ensure that all required recruitment information was in place for staff employed in the Regulation 19(3) (a) and schedule 3.**