

R G Care Ltd

The Farmhouse

Inspection report

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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 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The Farmhouse is a residential care home providing personal care for up to maximum of seven people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were six people using the service.

People's experience of using this service and what we found

The service was not able to show how they were meeting some of the underpinning principles of right support, right care, right culture.

Right Support

- People were not kept safe from avoidable harm because risk assessments did not identify some potential risks to people and put guidance in place to minimise the risks. Staff did not receive training to enable them to use effectively and safely equipment that was necessary for the health and welfare of people.
- Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests.
- The service gave people care and support in a clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.
- Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced.
- Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right care

- Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.
- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.
- People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign

language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

Right culture

- Staff and management were not always clear about how to report serious incidents to the relevant authorities like the police.
- Audits were not effective to ensure shortfalls and gaps in the service were identified and improvements made.
- Care plans were reviewed regularly, and people and their relatives were involved in the processes. This ensured that people received support that reflected their current needs.
- Staff were open and transparent. Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- Staff kept people and relatives updated about what was going on in the service. A newsletter was produced and made available every month to people and their relatives. This provided up to date information about activities, festivities, and staffing.
- The service sought feedback from relatives and staff to ensure that they had input in the quality of the service. Staff welcomed complaints and compliments and used them as a positive way of driving improvement at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

This service was registered with us on 02 March 2021 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 15 October 2019.

Why we inspected

The inspection was prompted in part by notification of a specific incident Following which a person using the service sustained a serious harm. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of risks to people and staff recruitment. This inspection examined those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has begun to take steps to mitigate the risks we identified. The provider informed us of the actions they were taking to make improvements to the care and support provided to people. However, we had limited assurance that these measures were effectively reducing the risks faced by people receiving care.

Enforcement and Recommendations

We have identified breaches in relations to safe care and treatment, safeguarding service users from abuse and improper treatment, good governance, and staffing.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Farmhouse

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, one medicine's inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Farmhouse is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Farmhouse is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since registration with CQC. We sought feedback from the local authority and professionals who work with the service. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

Most of the people using the service were non-verbal. We spoke with one person and observed three others when they were being supported by staff. We spoke with three care staff, the assistant area manager, registered manager and the provider. We also spoke by telephone with four relatives.

We reviewed four people's care files, six staff files in relation to recruitment and supervision, staff rotas, menus, and a variety of records relating to the management of the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this registered service under the new provider. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People did not live safely because the service did not assess, monitor or manage safety well. For example, one person's risk assessment stated, "[Person needs] one-to-one or two-to-one staff when using a shower." It also stated, "Ensure [person's] 'two-to-one' is always available." This lack of clarity meant that two staff were not always available to ensure person was safe.

- Risk assessments were not comprehensive. For example, a risk assessment for one person on paraffin-based skin product did not include a risk of fire, although the provider told us they were aware of the potential risk of fire to people who applied the product to their skins. This put the person and staff at a potential risk of harm.

The provider failed to put in place clear and comprehensive risk assessments for people to minimise potential risks to their health and safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed verbally and in writing all the actions from the staffing arrangement and medicine related risk assessments were now completed.

- Other risk assessments we reviewed were of a better standard. For example, one person's assessment included a risk to their safety due to their medical condition whilst another person's assessment contained details relating to a risk of choking.
- Staff told us they knew risks to people and what actions to take to minimise them.
- Personal Emergency Evacuation Plans had been completed for people. These included information on people's level of mobility and guidance for staff what actions to take to keep people safe. Various health and safety checks of the premises and equipment were carried out to ensure people lived in a safe environment.

Systems and processes to safeguard people from the risk of abuse

- People were not always safeguarded from the risk of harm because the provider did not implement procedures to keep them safe. One person's care file stated that the provider should ensure there were two staff available to support the person with mobility. The care file also advised that the person needed one-to-one or two-to-one staff support with personal care. However, the provider told us that because of the size of the bathroom, only one care staff was able to provide personal care to the person. This meant the provider did not take measures to ensure procedures were implemented and operated effectively to protect people from harm.

- Staff and management were not always clear about how to report serious incidents to the relevant authorities.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider advised us that they would change the person's bathroom so that two staff could support them.

- Staff and management were not always clear about when to make a safeguarding referral or report incidents to the police in a timely manner. A serious incident was not initially reported by management or staff in a timely manner. This showed staff were not clear about raising safeguarding alerts.
- However, some staff had good understanding of the provider's adult safeguarding policy. A member of staff said, "Yes, I had adult safeguarding training. It's everyone's responsibility to protect ourselves and the [people using the service], to report and whistle blow when need be to the correct people, to listen if someone has an issue and go through the correct procedure. It's important to know you're up to date with policies and procedures."
- The provider had an adult safeguarding policy and staff had good understanding of protecting people from abuse. A member of staff said, "Yes, I had adult safeguarding training. It's everyone's responsibility to protect ourselves and the [people using the service], to report and whistle blow when need be to the correct people, to listen if someone has an issue and go through the correct procedure. It's important to know you're up to date with policies and procedures."
- Relatives had mixed views about people's safety. One relative said, "It's a work in progress, there are new safety rules in place. [staff] are willing to work with you." Another relative told us, "You put your trust in people and pray your [loved one] is safe." A third relative commented, "[Person using the service] is very safe, I would speak to the manager or the owner direct if needed."

Using medicines safely

- People received their medicines as prescribed. Medicines were administered at set times of the day using an electronic system which supported staff to follow the prescriber's intentions.
- People had 'when required medicines' (PRN) protocols, which were person-centred and offered a detailed explanation of what the medicine was to be used for and what the outcome should be from the use of the medicine. When a PRN medicine was administered staff recorded the reason for use and outcome.
- We found one missing PRN protocol for a medicine to relieve prolonged epileptic seizures and asked the service to ensure this was in place by the end of the day. The provider sent us a confirmation that they had put the protocol in place.□
- Staff did not consistently monitor the temperature of areas where medicines were stored. There were gaps in the records the temperatures both in the office where medicines were being stored and for the cabinets in people's rooms. We did not see evidence that people were harmed. The provider told us this was an oversight and assured us that the temperatures of all areas where medicines were kept would be monitored, recorded and appropriate action taken as required.

We recommend the provider follows best practice of managing and recording temperatures of the areas (including fridge) where medicines are stored.

- Staff who administered medicines had received training in the medicines management systems including the electronic medicine administration record (MAR) system annually. Staff told us that this training was quite in depth looking at not only how to administer medicines but the legal aspects of medicines

optimisation and how stock was managed. Staff we spoke with were knowledgeable about the systems and processes in place in the service to administer medicines safely and securely.

- No people in the service were prescribed PRN medicines for the management of agitation or aggression. Staff were able to tell us how they could manage challenging behaviour without the need for medicines. Person-centred positive behaviour care plans were in place for those people who displayed behaviour that challenged.
- Where people were prescribed regular medicines, which might affect their behaviour, these were at a low dose and reviewed regularly.

Staffing and recruitment

- Although the staffing levels deployed at the service were enough, the provider relied heavily on agency staff, especially for waking night. We were informed some staff had left recently and this affected the number of permanent staff. To mitigate this, the provider told us that they used staff from one agency. We noted the provider was using various avenues to advertise to recruit new staff.
- The home had measures in place to mitigate the risks associated with COVID-19 related staff pressures, which included use of bank and agency staff.
- We saw staff were available when people wanted them, and they responded to people's requests quickly.
- Records showed relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep the premises clean and hygienic.
- The service had a system to monitor the vaccination status of staff and check the status of visitors.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitted people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.
- The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- The provider drew lessons from incidents and accidents to minimise re-occurrence. Incidents and accidents were reviewed, reported and action taken to ensure people were safe.
- When things went wrong, staff apologised and gave people honest information and suitable support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not receive training necessary to undertake their roles effectively. The registered manager stated, "Although there are many gaps [in staff training], I've spoken with my senior management to support me in getting external training to ensure all staff are supported as soon as possible for face to face training."
- The provider's training matrix (training plan) showed staff had not completed a number of essential training programmes to enable them to undertake their roles effectively. For example, staff had not received training on using a specific piece of medical equipment, needed to support one person. Staff had not attended training in epilepsy, a health condition which affected some of the people using the service. We also noted a number of staff had not completed adult safeguarding training. This meant that staff did not receive support with training to ensure people received effective care.

Staff had not received essential training to undertake their roles effectively. This was a breach of regulation 18 (Staffing) of Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider assured us that all mandatory training programmes would be provided for all staff.
- Staff were supported through regular supervision and annual appraisals. One member of staff told us, "Yes, I do receive supervision, I am due one quite soon. They are supportive, approachable and I can talk about what I want with them."
- Staff received induction when they started work at the service. This included a period of shadowing experienced staff when they supported people and learning about the service's policies, procedures and practices.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

- Pre-assessment of people's needs were completed before they started receiving care. The registered manager confirmed that no new person was admitted to the service without a pre-admission assessment. The service admitted people only if they were confident their needs could be met.
- The assessments of needs were person-centred, detailing what people could do independently and how they wanted staff to support them.
- Staff knew people's support needs. We observed staff communicating well with people and responding to their needs. A member of staff explained the likes and dislikes of one person and how they supported them, for example, with activities.
- People's assessments of needs were reviewed regularly. The service had a key working system in place

which meant staff reviewed assessments and care plans regularly. A member of staff said, "I am a keyworker for [person]. I have one-to-one with [person] to review needs and update their care plans." This ensured people received care and support that was relevant to their present needs.

- Staff supported people to access health care needs. Staff told us and records confirmed that people had access to annual medical check-ups and were supported to make and attend appointments with health professionals such as opticians and dentists.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough to maintain a balanced diet. People's dietary needs were recorded in their care plans and staff knew people's preferences of food. One person's care plan stated, "[Staff] should ensure that healthy eating is promoted. I should be encouraged to help with shopping." A member of staff told us that they knew each person's dietary needs and gave us an example of one person who 'liked' a food, which the service provided for them.

- A relative commented positively about the food. They said, ""There are no restrictions on food choices, snacks and drinks are available throughout the day."

Adapting service, design, decoration to meet people's needs

- People had rooms which reflected their preferences of design and decoration. People also personalised their rooms with pictures, photos and personal items.

- The design, layout and furnishings in a person's home supported their individual needs. Each person had their own bathroom, which suited their needs and promoted their privacy.

- The provider told us they were making changes to one person's bathroom to make it suitable for their current needs. At the time of our visit, they were consulting about this with the representatives of the person.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and were aware of their responsibilities. A member of staff told us, "People have right to make their own decisions if they have capacity. We encourage and support them to make decisions if they lack capacity."

- Where people had conditions on the authorisation of their DoLS, the provider ensured that these were met and reviewed. This ensured people who were subject to DoLS were supported by least restrictive measures which were considered to be in their best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives were happy with how staff treated people. One relative said, "I'm, delighted with the care." Another relative told us, "[Person] has some lovely permanent staff, very special people that have come into [person's] life. They know [person] very well."
- Staff understood equality and diversity and ensured people were treated without discrimination. One member of staff told us, "Equality and diversity means not discriminating against people because of who they are, I do not discriminate because of differences such as religion, gender, age, disability."
- The service promoted and celebrated diversity. Staff told us and records showed that various cultural and religious festivities were celebrated within the service.
- We observed staff showed kindness and a caring attitude when interacting with and caring for people. A member of staff told us, "I treat [people] as I would like to be treated or my mum would like to be treated." Another member of staff said, "I speak to people respectfully."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. We saw staff offered people choices and prompted them to make decisions about what and when to have their breakfast for example.
- Care plans contained guidance for staff on how to listen to and support people. For example, one person's care plan stated, "I am non-verbal and communicate using body language, facial expressions and vocalizations. I respond very well to intensive interaction. I will also communicate by touching items and using objects of reference."
- Relatives, and others important to people, were involved in making decision about people's care. One relative told us, "I was involved in [person's] care plan." Another relative said, "I have had input in [person's] care."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted independence. A member of staff said, "Prompting [people] to do for themselves, not doing for them but encourage them, do together, give them choice."
- Care plans contained information that supported people's independence. For example, one person's care plan stated, "Design a taking shower protocol to promote [person's] independence and train staff."
- Staff knew how to ensure people's privacy and confidentiality. A member of staff told us, "We make sure the curtain's blind is down with windows shut." Another staff member said, "Confidentiality means not giving personal information to other people."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were person-centred and reflected people's assessed needs. People had choice and control to meet their needs and preferences because their care plans were written from their views. For example, one person's care plan described the person's preferences and guidance for staff on how they could support the person by doing or not doing something. The person's care plan stated, "I do not like spicy food, especially chilli con carne and curry, and hard food like raw carrot and celery but I do like bananas, beetroot and chocolate cake. I do not like going to the hospital."
- Care plans were reviewed and updated regularly. This ensured that changes to people's needs were identified and appropriate care was provided to meet their needs.
- The service was not providing end of life care at the time. However, the registered manager explained should the need arise, they would ensure that staff had training and the skills to provide effective end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and staff knew how to communicate with each person. We observed, for example, how staff communicated effectively with a person using body language, pictures and objects.
- Plans of daily activities and weekly menus were available in pictures. These helped people understand their programmes of activities and menus for the week.
- Staff had understanding and skills to communicating effectively with people. One member of staff told us that they used Makaton to communicate with people. We observed how staff used a handheld electronic device for communication with a person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to participate in their chosen social and leisure interests on a regular basis. People engaged in person-centred social and leisure activities within and outside the service. One relative told us, "The activities that they all do sound amazing and include swimming, shopping and crazy golf. They promote arts and crafts at home."

- Group activities were planned with people. The service had vehicles which they used for regular trips to the seaside and other leisure centres.
- People were supported to maintain contact and spend time with their families. Staff told us some people stayed weekends with families and some others were visited at the service by their relatives. The service organised special events such as birthdays and mothers' day celebrations for people and relatives to spend time together. One relative told us, "The new owners have motivated the staff, I had Mothers' Day lunch at [the service]."

Improving care quality in response to complaints or concerns

- The provider welcomed complaints. There were systems in place for people and relatives to raise concerns. A relative said, "I can talk to the manager [if I have a concern]." We saw the service had received two complaints, which were investigated and responded to by the registered manager following the service's procedure.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's auditing systems were ineffective to identify shortfalls and to draw lessons to make improvements. The inadequacy of risk assessments and the gaps in the records of the temperatures where medicines were stored were not identified through the auditing systems.
- The provider failed to ensure staff were supported to have essential training necessary to achieve positive outcomes for people. The provider's staff training plan was not effective to ensure staff were trained.
- Staff and management were not always clear about how to report serious incidents to the relevant authorities like the police. They had to be advised by other professionals to raise a safeguarding alert to the local authority. Action was not taken in a timely manner to deal with a serious incident, for example, they failed to follow a safe procedure in reporting a serious incident to the police.

The provider had failed to ensure that there was a robust risk assessment in place and that staff had training to perform their roles effectively.

This potentially placed people at risk. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Management and staff put people's needs and wishes at the heart of everything they did. We observed staff listened to people and followed their care plans when providing personal care. A relative told us, "I'm involved with discussions. [A specialist healthcare provider] phones me to update me on [person's treatment]. They are listening to me." Staff told us they were able to share information and make suggestions through their handover sessions and team meetings. They told us they felt listened to as their suggestions were taken on board by management.
- There was a clear management structure in place. The registered manager was supported by the deputy area manager and team leaders. The provider was also available at the service to provide management support.
- Relatives made positive comments about management and provider. One relative told us, "[With the registered manager] so much has improved since she has been there." A second relative said of the provider, "The homeowner was really good, they have been very supportive [managing a serious incident]."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One member of staff said, "The registered manager is approachable and supportive."

Another member of staff told us, "I've always enjoyed working here, otherwise, I wouldn't work here, it's rewarding, good teamwork -we're like a family, I enjoy it."

- The registered manager embarked on continuous learning to improve the service. The registered manager was undergoing a training the trainer course and received social care policy updates from various social care organisations. We also noted that the registered manager attended local providers' meetings, where they shared the latest social care policies and practices.

Engaging and involving people using the service, the public and staff, fully considering their equality

- People and relatives worked with managers and staff to develop and improve the service. People's views about the service was sought through their regular meetings with their key workers. A relative told us, "[The provider] is very approachable, the manager and staff work well [with relatives]". Another relative said, "I would speak to the manager or the owner direct if needed". "The support is very good, its improved tremendously."

- People and relatives were kept updated with information about the service through monthly newsletters and online meetings. The monthly newsletters provided news about staffing, activities and the facilities at the service. The online meetings allowed relatives ask questions and make comments about the service. One relative told us, "We have high hopes for RG Care, they have made new improvements, installed new solar lights, signage and replaced new things like a cooker and fridge. They are hands on management."

- The provider sought feedback from relatives. A relative told us they had received a questionnaire and had regular contact with the registered manager and provider. The last survey questionnaire was sent to relatives in March 2022 and at the time of our visit the registered manager told us they were waiting to receive completed forms. The registered manager was clear that once they received the feedback, they would collate the outcome and put an action plan into place to improve the service.

- Staff were involved in the improvement of the service. One member of staff told us they attended staff meetings regularly. they said, "Recently at last staff meeting, I suggested we have sensory garden and all of them would enjoy with some raised boxes and water the plants, ... they are going to do this."

Working in partnership with others

- The service worked well in partnership with health and social care organisations, which helped to give people using the service a voice, improving their wellbeing. Staff told us and records confirmed that people were supported to access health and social care and the service worked closely with the local authority. Feedback we received from a social care professional stated, "Online daily notes were viewed for several residents and these appeared to be completed appropriately."

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not always ensure service users were protected from abuse and improper treatment. Regulation 13 (1) (2) (3)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to put in place clear and comprehensive risk assessments for people to minimise potential risks to their health and safety. Regulation 12(2)(2)

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure that there was a robust risk assessment in place and that staff had training to perform their roles effectively. Regulation 17 (2)(3)

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive essential training to undertake their roles effectively. Regulation 18 (2)(1)

The enforcement action we took:

We issued a warning notice.