Honeybourne House Ltd

Cameroon

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 3 August 2016 and was unannounced. The last inspection took place on 2 and 7 August 2015 when we found breaches in Regulation 11 of the Health and Social Care Act – need for consent, and Regulation 18 of the Health and Social Care Act – staffing. During this inspection we found actions had been taken to address the outstanding breaches. However, we found a new breach of regulations in relation to safe recruitment procedures.

Cameroon is registered to provide accommodation for 13 people with learning disabilities who require personal care. The property is a bungalow and is situated in a rural area near the village of Whitestone, just outside of Exeter, Devon. At the time of this inspection there were eight people living there. We either spoke with, or observed staff interacting with, each person during our visit.

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

There was poor security of the building which meant people were placed at risk of harm. When we arrived at the home the door was opened by a person living in the home. There were no staff available to answer the doorbell or the greet us and ensure we had authority to enter the home. People were left alone in the communal areas without means of summoning assistance from staff for ten minutes after we arrived. We spoke with the registered manager and area manager about the security of the home and staff deployment and they took prompt action to address these concerns.

Since the last inspection there had been a number of staff changes and new staff recruited. The number of agency staff used had decreased, although the service continued to use some agency staff to fill vacancies. Many of the newly recruited staff had no previous relevant experience, although they had all received thorough induction training that ensured they had the basic skills and knowledge to meet people's needs. Staff rotas showed there were certain times during the week when staffing numbers appeared low. The registered manager took action immediately to engage additional agency staff to cover busy periods until new permanent staff were recruited.

Safe recruitment procedures had been completed before most new staff began working with people. However, this evidence was incomplete in two files we looked at. This meant people may be placed at risk of harm or abuse because safe recruitment procedures had not always been followed.

People living at Cameroon were confident their needs were met by staff who had received suitable training. All staff had received induction training on a range of relevant topics at the start of their employment. Many of the staff were also in the process of obtaining nationally recognised qualifications such as the Care Certificate, National Vocational Qualifications (NVQs) and diplomas. This meant staff had received training

that provided them with a basic level of knowledge on all areas of people's needs.

At the last inspection we found there were some areas of medicine storage and administration that were not entirely safe. At this inspection we found our previous concerns had been addressed and safe systems of storage and administration were being followed.

The home was well maintained. At the time of this inspection a process of redecoration of many areas of the home was underway. The lounge and some bedrooms had recently been redecorated. A member of staff sat with one person to help them choose new decorations and furnishings for their room which was due to be redecorated in the near future. We were told all bedrooms would be redecorated. Maintenance checks had been carried out regularly to all gas, electric and fire equipment.

People told us they felt safe living at Cameroon. They knew who to speak with if they had any worries or complaints. Staff had received training on safeguarding adults and knew how to recognise and report any suspicions of abuse.

People told us the staff were caring. Comments included "There are nice people here," "I think they are caring" and "They are all kind to me." Staff sought people's consent before providing any support or care. People were consulted and involved in all aspects of the service.

Each person had a care plan that gave staff information about all aspects of their personal care and support needs. Risks to each person's health and safety had been assessed and reviewed and staff knew how to support people to reduce the risks where possible. The staff team had a basic understanding of how to reduce risks such as choking and prevention of pressure wounds but would benefit from further training in these areas. People were supported to access treatment and advice on all aspects of their health needs.

People were supported to participate in a range of activities. A vehicle was available to take people out, although there were only two staff who were able to drive the vehicle at the time of this inspection. The registered manager and staff told us they tried to make sure people went out as often as possible, and where this was not possible they had increased the number of in-house activities. This had included visits from musical entertainers, arts and crafts organisers, and therapists. They were hoping to increase the number of staff who can drive the home's vehicle in the near future.

People told us the home was well-managed. Staff, people living in the home, relatives and professionals told us the registered manager was approachable. There were good systems of communication between the staff, management team, people living in the home and relatives. Staff told us they were well supervised and supported. Supervision sessions were recorded and stored in each of the staff files. Staff morale was good and we saw evidence of good teamwork.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).You can see what action we told the provider to take at the back of the full version of the report. We have also made one recommendation relating to guidance in respect of determining safe staffing levels.

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 fully safe.
People were at risk of harm due to poor security of the building and inadequate staff deployment which meant staff were not always available to monitor people's safety. Staffing levels at weekends and busy times of the day were low.
Safe recruitment procedures were not always followed, which meant people may be at risk of harm or abuse. However, staff knew how to identify and report any suspicions of abuse. People told us they felt safe.
Medicines were stored and administered safely

Is the service effective?

Good

The service was effective.

Staff had received adequate training in topics relevant to the needs of people with complex communication and support needs.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

People were supported to access specialist healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect. The staff and management were caring and considerate.

Staff understood each person's verbal and non-verbal means of communicating their choices and preferences.

Is the service responsive?

Good

The service was responsive.

People were involved as much as possible in the assessment and

planning of their care.

People were supported to lead active and fulfilling lives that met their assessed social needs.

Is the service well-led?

Good

The service was well led.

There were quality assurance systems to monitor care and plan on-going improvements. The provider acted promptly to address issues when these were highlighted.

People, relatives and staff were encouraged to express their views and the service responded appropriately to their feedback. People were supported to maintain family relationships.

There was a staffing structure in place with clear lines of reporting and accountability

Cameroon

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 unannounced inspection was carried out by one inspector and took place on 3 August 2016. The service was previously inspected on 2 and 7 August 2015 when it was not fully compliant. The service was rated as 'requires improvement'. There were eight people living at Cameroon at the time of our visit.

Before the inspection we looked at information we had received about the service since the last inspection. This included notifications and information from staff and professionals and the Provider's 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 the improvements they plan to make.

During our visit we spoke with, or observed the care provided to each person who lived there. We spoke with five staff, the registered manager and deputy manager from another service run by the provider who was visiting the home that day. We reviewed records of care including three care plans, daily reports and records of medicines administered to people. We also looked at staff recruitment, training and supervision records, and records relating to the maintenance and safety of the home and quality assurance.

After the inspection we contacted four health and social professionals and one relative to seek their views on the service. We also spoke with the area manager on the telephone.

Requires Improvement

Is the service safe?

Our findings

Recruitment procedures were not always carried out in a safe or effective way, and this meant people who used the service were not fully protected from abuse. We looked at the recruitment files of six members of staff. Checks had been carried out to ensure the staff were suitable to work with vulnerable adults. However, the records showed some of the checks had been received weeks or months after the staff had begun working with people. This showed people may have been placed at risk of harm or abuse because adequate checks had not been completed before some new staff began working in the home.

This is a breach of Regulation 19 of the Health and Social Care Act 2008: Fit and proper persons employed

People were not fully protected from the risk of harm. We rang the front doorbell when we arrived and the door was opened by a person who lived in the home. The person was unable to communicate verbally and was unable to tell us where the staff were. Despite ringing the doorbell a number of times no staff responded. We waited inside the home for ten minutes before a member of staff came to the communal area where we were waiting. During this period there were five people left unattended in the communal areas who had no means of summoning assistance from staff if necessary.

When the registered manager arrived at the home a little while later we spoke with them about the security of the building and the deployment of staff. We were told that two staff were assisting people with bathing and personal care when we arrived and were unable to hear the doorbell. A third member of staff was also on the premises but was not within hearing distance of either the front door or people in the communal areas. The registered manager told us they had previously been aware of similar concerns and had taken actions to improve the security of the home and deployment of staff. They gave us assurances they will review the security of the building and the deployment of staff once again as a matter of priority. After the inspection they told us about improvements being put in place to improve the security of the external doors. They planned to install new security locks that allowed people who lived in the home to go out if they wished, but prevented visitors from entering without staff approval.

At the last inspection we found that staff recruitment had been difficult and the provider had addressed this by using agency staff recruited on a temporary basis from overseas. This had resulted in poor staff morale. At this inspection we heard that there had been some success in recruiting new permanent staff from the local area, although they continued to use some agency staff. Staff morale was improving. They were in the process of recruiting a further permanent member of staff. However, almost all of the staff team had been recruited in the last year, and most had no previous experience working in a care setting. This meant people were supported by a new team who were new and were gaining the skills and experience.

Staff rotas showed there were usually three staff on duty during the day plus a manager on weekdays. The deputy manager was on long term leave at the time of this inspection and this meant that management cover was depleted. We asked the registered manger how they determined safe staffing levels. They told us they were in the process of discussing and agreeing the level of support each person needed on an individual basis with the authorities who commissioned their care. However, this had not been completed at

the time of this inspection and they were unable to provide evidence that staffing levels were safe. After the inspection the registered manager told us they had taken immediate action to increase the staffing levels on Saturdays and Sundays to four staff. They also told us they planned to look at ways of increasing staffing cover on weekdays to provide additional one-to-one support for each person, especially at busy times of the day.

We recommend the provider seek guidance from a reputable source on assessing dependency levels and determining safe staffing levels.

At the last inspection we found some aspects of medicine storage and disposal were not entirely safe. Creams and lotions were not dated when opened and staff were unaware of safe disposal periods. At this inspection we found this had been addressed. Staff had received training and information on all areas of medicine administration and storage and creams and medicines were disposed following safe guidelines. A representative from the pharmacy had recently visited the home to provide information and training to the staff on the use of the storage facilities and administration documents supplied by the pharmacy.

Staff were not allowed to administer medicines until they had received training and their competency to administer medicines safely had been checked. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. Two staff administered medicines to ensure medicines were doubled checked and correct before being administered. A record of unwanted medicines returned to the pharmacy was maintained.

All prescribed medicines were stored securely. The home used a blister pack system with printed medication administration records. Blister packs and most medicines used each day were stored in a medicines trolley that was locked and secured when not in use. There were safe storage systems in place for controlled medicines and any medicines that needed refrigeration.

Where people were prescribed medicines to be taken on an 'as required' basis detailed guidance was seen in their care records explaining when staff should offer these. Staff explained how each person's capacity to consent to medication had been assessed and they understood how to assess each person for signs of pain or distress and knew when to offer medicines prescribed on an 'as required' basis. This information was also explained in each person's care plan file.

Risks to each person's health and safety had been assessed and reviewed. The assessments highlighted where risks were high, medium or low, and explained the measures to be put in place to reduce the risks where possible. The assessments covered activities inside and outside the home, and risks to people's health such as choking, moving and handling and falls.

Although the assessments showed most risks were fully explained, we noted some areas where additional details may be needed. For example, one person had been assessed as being at risk of developing pressure sores. The person had a nursing bed with airwave mattress. However, the staff were unaware of the correct setting for the mattress and had not checked on a regular basis to ensure the mattress remained at the correct setting for the person. The registered manager told us the mattress had been set by the supplier and they thought this had been calculated in accordance with the person's weight. They gave assurances they would amend the care records immediately to include instructions on the correct setting, and put in place daily monitoring sheets to be completed by staff to show the setting had been checked. A member of staff told us they always checked people's skin carefully for signs of wounds, and creams were applied carefully every day in accordance with the instructions by the health professional who had prescribed the creams.

Most people had been weighed periodically. However staff did not have guidance on those people who may be at risk due to weight loss, or those people who may be at risk of health problems because their weight was too high or too low (for example, the use of a tool such as a Body Mass Index can assist staff to assess if a person in within a safe weight range). Such tools can be a helpful guide to help staff consider any additional support a person may need to help them reduce health risks. Staff told us they kept a watch on people's weight and gave advice and support to help them maintain a safe weight. They also told us most people were weighed during their annual health check and they assumed they would be given guidance by the health professionals if there was a concern about a person being at risk due to their weight.

Good

Is the service effective?

Our findings

At the last inspection of the service we found staff did not have the skills or experience to meet people's needs safely. Many staff had been employed on a short term, temporary basis, and most had been recruited from overseas. At this inspection we found the situation had improved, with a number of permanent new staff who had been recruited from the local area. The proportion of agency staff recruited from other countries had decreased. Most staff had good English language skills and they were able to communicate with people effectively.

Most of the new staff had little or no previous relevant experience. However, the induction training they received at the start of their employment covered a wide range of essential topics and gave them the basic skills to meet people's needs safely. New staff had also spent two weeks at the start of their employment 'shadowing' a more experienced member of staff until they had been assessed as competent to work on their own without supervision. Staff told us about the topics covered during their induction and said they felt the training had been thorough and very informative.

When new staff had completed their induction they went on to complete further training and nationally recognised qualification for care staff known as the Care Certificate, National Vocational Qualifications (NVQs) and diplomas.

At the last inspection we found that some staff did not routinely seek people's consent before carrying out care tasks. During this inspection we saw that people's capacity to make important decisions about their lives had been assessed, and staff understood the importance of seeking consent before carrying out care tasks. Records of training showed that all staff had received training in the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service followed the MCA code of practice to protect people's human rights. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. Staff understood the importance of allowing people to make choices as far as they were able. For example, before staff assisted a person to get out of their chair and walk to another room the staff sought the person's consent. They explained each part of the process and waited for the person's non-verbal responses that showed the person had understood and agreed to their offer of assistance.

Where people were unable to make decisions about their finances, the provider had ensured decisions about larger purchases were agreed on a 'best interest' multi-agency basis.

Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The service had made DoLS applications to the relevant officer in the local authority for those people who may be deprived of their liberty. This was needed because some people were unable to leave the home without staff support. This showed the service was ready to follow the DoLS requirements. The registered manager said the applications were still waiting to be processed by the local authority.

People were involved and consulted in planning menus and choosing foods that met their individual needs. They told us they liked the meals and were always offered a choice. For example, one person said "The food is very good. I like stew and dumplings, and jelly and ice cream." There was a notice board in the dining area showing the menu alternatives for the day. The menus were displayed in picture format which meant every person could see the meals on offer and make their own choices. A member of staff told us they also used the pictures to help people choose the menus each week.

We spoke with two members of staff about meal preparations and how they supported people to eat a nutritious and varied diet. The main evening meal each day was home cooked, although some ready-made pies and quiches were often used at lunchtimes. Staff were aware of each person's likes and dislikes, including vegetables. They told us they used incorporated vegetables in some meals such as cottage pie. This meant that people who might otherwise refuse vegetables received a healthy diet. They told us people enjoyed the meals cooked in this way. They also encouraged people to eat salads and fruit to maintain a healthy balanced diet. One person had asked for goat's milk and the staff had purchased this for the person each week. Records were maintained of the meals chosen by each person every day.

Staff were aware of individual dietary needs. For example, some people had been assessed by the Speech And Language Therapy team as being at risk of choking. Staff understood the consistency of food and drinks that each person could eat safely and told us about the foods that should be avoided. Information about safe foods was available in the kitchen, and also in each person's care plan file.

Care plans explained how to communicate with each person effectively. We saw staff communicating with each person by using good eye contact, speaking clearly and waiting for a response. Where people had only limited verbal communication skills staff listened carefully and knew each person well enough to understand what the person was saying. We saw from the reactions of each person they were satisfied the staff had understood what they were saying.

People were involved and consulted about the decorations and furnishings in the home. During our inspection a member of staff sat with a person and showed them samples of paint colours, wallpaper designs, and furnishings to help them plan the redecoration of their room. The member of staff gave the person lots of alternatives to choose from, and plenty of time and encouragement to help them make decisions. They checked and re-checked with the person about each choice to make sure it was exactly what the person wanted. There was lots of friendly discussion between them and it was evident the person enjoyed the process of planning their new decorations and was pleased with the choices they had made. A few bedrooms had recently been redecorated, and appeared attractive and personalised with furnishings, pictures and personal effects to reflect the person's interests and tastes. We were told that the remaining bedrooms would be redecorated in the near future, following consultation with each person to agree colour schemes and furnishings.

Most areas of the home had been well maintained. On the day of this inspection decoration and maintenance work was taking place. Some areas, including the main lounge had recently been redecorated and we were told there were plans in place to redecorate all bedrooms and most of the communal areas in the coming months. Bathrooms and shower rooms were attractive and suitably designed and equipped to meet the needs of people living there. A sign in the lounge warned people not to use an area of decking at the rear of the home. We spoke with the manager about this who told us the decking was used in the summer months but could not be used in wet weather because it was slippery. However, the sign appeared to discourage use of the decking at all times of the year.

The property is a bungalow with level access to most areas. The access between the lounge and dining

areas is ramped. There are also ramps around the outside of the property to enable people with poor mobility to access most areas of the garden.

Good

Is the service caring?

Our findings

People told us they were supported by friendly and caring staff. Comments included "They are all nice," and "I like all the staff. They are not bossy. They are kind to me." Staff also told us they thought all the staff were caring. A member of staff said "There are nice people here." A relative told us "I can arrange now for the carers to pick me up and spend some time with (person's name) who is being cared for a lot better. (Person's name) is happy with the carers she has now."

Some people had limited verbal communication skills. During our inspection we saw staff sitting with people, listening and chatting to them, and giving each person the time they needed to express their views. Staff understood each person's non-verbal responses and watched for smiles and nods to indicate they had understood what staff were saying. We watched as two staff supported a person with poor mobility to walk. The staff understood the importance of helping the person to retain as much mobility as possible. They walked at the person's pace, chatting with the person, smiling and giving encouragement. There was good eye contact and the person appeared relaxed and happy in the company of the staff. During our visit we heard staff singing with people, and heard laughter and friendly conversations.

We also saw a member of staff sitting down with people talking about things they had enjoyed doing and places they had been recently. One person had recently had a birthday and another person had helped staff to make a birthday cake. They had laid out tables in the lounge with party food and there were photos of the celebrations.

Staff showed a determination to give each person the best possible quality of life. Staff knew each person's likes and dislikes and the things they liked to do, and explained how they made sure each person's wishes and preferences were respected. For example, one person enjoyed visiting local pubs and places they went when they were younger. A member of staff told us about occasions when they had accompanied the person to the pub. They also described car trips when they had let the person decide which route to take through familiar country lanes. Another member of staff said "I tell the service users 'You are my boss'. They love that."

Staff understood each person's preferred daily routine and routines in the home were flexible to suit individual wishes. For example, most people sat down for their evening meal just after 5pm. One person said it was too early for them and wanted to wait for a while and have their meal later. Staff understood the person's preferences and encouraged the person to choose when they wanted their meal.

Staff talked about the importance of paying attention to details such as the clothes a person wore, and making sure the person looked clean and well-dressed. A member of staff said "I want to give them what I would want for myself." They gave examples of how they tried to make people feel 'special'. If they were unable to take people out because there was no member of staff available to drive the minibus, they thought of ways of giving people the experience of a night out. For example, they had fish and chip suppers using boxes they had purchased to give the meals the appearance and feel of a takeaway supper.

There was a key worker system in place, which meant that each person had a member of staff allocated to work closely with them to make sure their needs were met. One person told us "I love my key worker." A member of staff told us "When I start my shift I go straight away to my key person's room to make sure everything is ok." They described how they had worked with the person to agree their care plan and told us "I make sure I tell the others everything they need to know about my key person." They told us they would not hesitate to speak out if they felt any member of staff had failed to give people the care or attention they needed.

A health care professional told us "The atmosphere at Cameroon has been very calm and relaxed each time I have visited and the residents have appeared the same. In relation to my own client they have changed in terms of their presentation in a very positive way since moving there."

Good

Is the service responsive?

Our findings

Each person had been supported by staff to draw up and agree a plan of their care and support needs. The plans had been personalised using photographs, symbols and bold text to help people understand the content of the documents and be involved as far as possible in the process. The plans contained information on all aspects of each person's preferred daily routines and explained how the person wanted to be supported by staff. Sections in the care plans covered topics such as 'how I communicate' and 'what makes me happy.' The care plans had been regularly reviewed and every member of staff had been asked to read any updated sections of care plans and sign to agree they had read and understood the changes.

Staff explained their key worker roles and responsibilities to make sure care plans were reviewed regularly. One member of staff said "I went through it twice. I made sure it was all in there." They told us it was important that every member of staff understood clearly how each person wanted to be supported and therefore they wanted to make sure the care plans contained all the relevant information necessary.

A member of staff told us one person had recently had a visit from an occupational therapist to assess their mobility needs. They planned to review and update the person's care plan the following day. They also told us they would be discussing the care plans at the staff meeting planned for later in the week. This was an opportunity for all staff to discuss the care plans and ensure people received a consistent level of care.

People were supported to lead active lives, although they were unable to go out as often as they would like due to a lack of staff able to drive the home's minibus. The registered manager told us they had increased the number of visits to the home by professional entertainers, therapists and activity organisers to try to address this. They also received regular visits from an organisation that brought along pets for people to interact with.

During our inspection we saw people involved in activities such as arts and crafts, and games. One person went out each day for walks in the local area. Each person had been supported to go on holiday each year if they wished. People were able to choose their holiday destinations, for example some people had chosen a caravan holiday while some had chosen holidays abroad.

Since our last inspection a room that was intended for use as a sensory room had been redecorated and improved. New equipment had been purchased to create a room where people could enjoy relaxing. The registered manger told us a number of people regularly enjoyed using this room.

People and their families were encouraged to raise complaints or concerns. Most people who were able to communicate verbally said they would tell the registered manager or a member of staff if they had any complaints. One person said they were unsure who they would tell, although during our inspection we saw them seeking out staff and the registered manager throughout the day to ask questions and seek reassurances. Another person said they would speak with the area manager when they visited the home. A member of staff told us people were reminded at each of the resident's meetings about how to raise a complaint. The registered manager told us they had received two written compliments since the last

inspection, and no complaints.

Good

Is the service well-led?

Our findings

The provider had systems in place to monitor the service regularly to help them identify where improvements and actions were needed. However, these systems did not include methods to check the dependency levels of people who used the service, and to ensure safe staffing levels were maintained at all times. After the inspection the area manager told us about actions they were taking to ensure safe staffing levels will be maintained in the future. This showed that the provider took concerns seriously and acted promptly to ensure people received a safe service.

The manager carried out regular checks on all areas of the service. The area manager visited the service on a regular basis to carry out further checks on the quality of the service. We were given a copy of the most recent quality monitoring audit which showed the actions identified and the date they expected these to be completed by. After our inspection we spoke with the area manager on the telephone to discuss the security of the home, staff recruitment and staffing levels. They told us they will ensure these areas are included in their action plan for future monitoring visits.

We asked people if they thought the home was well-run and they agreed. Responses included "Yes, I think so." A relative told us "If I could have spoken to you a couple of years ago I would have had a lot of not so nice things to say but have spoken to (manager's name) this year and am certain things will change. (Manager's name) sends me an e-mail on (person's name) care once a month."

A health care professional told us "I have visited Cameroon a number of times regarding one of my clients. I have had a positive experience regarding the management of Cameroon and found them to be very responsive when any issues have developed. It is a service I would look at again for other clients if it was appropriate."
Staff told us they enjoyed their jobs. Comments included "It's Ok working here," and "Yes, I think it's well run." They told us the registered manager was very approachable and always willing to listen and give support. They received regular supervision on an individual basis and this was an opportunity to discuss their roles and any training needs. A member of staff said "The training is good – plenty of it. They are keen to get you on the NVQ's. If you want any particular course they will put you on it."

Since the last inspection the deputy manager had been on leave for several months. The post had not been covered during this period although some support had been provided by the area management team. The registered manager told us this has meant that some aspects of the management of the service had been difficult. For example, where we found that some recruitment checks had not been completed before new staff began working in the home, the registered manager told us this was a task that would normally be carried out by the deputy manager. The deputy manager was due to return to work a few days after our visit and we were given assurances this will mean the home will have adequate management cover.

The registered manager told us the company mission statement was developed by people who use the service and the staff team. It was underpinned by a set of values that include honesty, involvement, compassion, dignity, independence, respect, equality and safety. These formed part of the induction

training for new staff. They also told us their ethos is one of empowerment, inclusion and person-centred care. During our inspection we saw staff following these values at all times. Staff spoke passionately about people's rights. All interactions were compassionate, respectful and promoted people's dignity and self-respect.

Staff told us communication was good between the registered manager and the staff team. They had regular staff meetings and also handover sessions between each shift.

People were encouraged to be involved and have their say in the service. They had been supported to complete a satisfaction survey since the last inspection. A deputy manager visited the home to support people who were unable to read or write to explain the questions in the survey and record their responses. Relatives were also invited to respond to the questionnaires. People were also supported to attend regular service user meetings. One person said they were about to have a meeting in the near future and they would be discussing the menus at that meeting. They told us their views and comments were always addressed.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider has failed to ensure that recruitment procedures were established and operated effectively. Appropriate checks have not been carried out before new staff began working with people who use the service.