

## Ridgewood Care Services Limited

# The New Inn

### Inspection report

Lewes Road  
Ridgewood  
Uckfield  
East Sussex  
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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?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The New Inn is a residential care home providing accommodation and personal care to seven people with learning disabilities, autism, and other complex needs, at the time of the inspection. The service can support up to 10 people. The New Inn is in a detached building on the outskirts of Uckfield. The accommodation comprises a large, communal, open-plan sitting, dining area with access to a rear garden. There are two shared lounges and people have their own bedrooms with en-suite facilities.

Our inspection in April 2017 was prompted in part by a notification of a specific incident. This incident is still subject to a criminal investigation and as a result neither inspections examined the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about how the risk of choking was managed. Both inspections examined those risks and other potential risks to people.

Outcomes for people did not consistently reflect the principles and values of Registering the Right Support as some people experienced a lack of choice and control. Other outcomes reflected the principles of Registering the Right Support such as people's independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Quality audits had not consistently highlighted or put right issues we found at this inspection. The service has not been rated Requires improvement in Well-led for four consecutive inspections.

Some risks were not consistently assessed. For example, we found some staff were working long hours. Doing consecutive shifts to cover other staff absence, but there had been no risk assessment.

Some staff language and approach was not always person centred or appropriate. Two entries in a 'telephone log book' book were not appropriate and one staff's approach to another person was abrupt.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. One person had a condition that meant their ability to make decisions changed and this was not planned for. We have made a recommendation about this in the main body of the report.

There were enough staff deployed to meet people's needs safely. The service was clean and free from the risk of infection. Where things had gone wrong, such as incidents, learning was shared, and lessons embedded into practice.

Staff were trained and supported to fulfil their roles. People had enough to eat and drink to maintain good

health and their healthcare needs were met by staff who monitored people's health. The building was accessible and met peoples' needs.

Staff supported people to be independent and respected people's privacy. People were involved in their care and staff knew peoples' communication needs.

People had a range of personalised activities they accessed and told us that they had lots to do. People and relatives knew how to make a complaint if they needed to. There were no people receiving end of life care, but people had care plans for how they would like to be supported during their final days

The registered manager was a visible presence in the service and had a good understanding of the challenges the service faced and how to overcome them. The management team understood their responsibilities in reporting significant events and had worked closely with partner agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (June 2018).

At this inspection we found improvements had not been sustained and there was a breach of regulation relating to good governance.

#### Why we inspected

The inspection was prompted in part due to concerns received from a whistle blower. A decision was made for us to inspect and examine those risks. Although we found no evidence to support the claims made in the whistle blowing allegation we have found other evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring 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.

#### Enforcement

We have identified breaches in relation to a lack of effective audits to identify shortfalls at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services. If we receive any concerning information we may inspect sooner.

## 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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### 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 New Inn

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors who visited The New Inn on the first day. The lead inspector also spent time after this day speaking to over the phone to staff, people and relatives in the days after the site visit.

The New Inn is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care

provided. We spoke with five members of staff including the registered manager, deputy manager, and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives, two staff and one person over the phone to gain their experiences of The New Inn.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has changed to 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

- Some risks were not being managed as safely as possible. The staff rota showed that there were times when staff were working two or three shifts in a row. For example, there were shifts where people were working 17 hours to cover staff absence. This would put people at risk of staff being too tired, or of making mistakes.
- We spoke to the registered manager about staff working longer shifts and were told that other staff would come in early from the next shift, and that the occasions where three shifts are marked consecutively on the rota it would be hoped they would be covered. The registered manager had not risk assessed this though. This could leave people at risk of potential harm from staff who were over-tired.
- Other risks had been managed safely. There were risk assessments for general health and safety, such as fire, as well as risk assessments for people. People had a range of risk assessments that had considered potential harm, such as around moving and handling, and had identified measures to reduce the possible risk.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There had been one safeguarding alert in the past 12 months which had been reported correctly. There was a copy of the local safeguarding multi-agency protocol. There was also a CQC notice displayed in the entrance to the building for people, staff and visitors about how to report unsafe care.
- Staff had been trained in safeguarding and there was training booked for those who required an update. Staff that we spoke with were confident in recognising the signs of abuse and knew how to report concerns. One staff said, "If I saw something I would deal with it and could use whistle blowing to take it to the management team, or outside [of the provider] to the local authority."

### Staffing and recruitment

- People and staff told us that staffing levels were safe and that there were enough staff on each shift to meet their needs. One person said, "There are enough staff to help people when they need it. I go charity shopping with staff." One staff told us, "We cover all shifts and people are not left waiting for help."
- The rota had two staff on an early shift and two on a late shift with a third staff 'floating' between the two to help with outings and appointments. Observations made during the inspection showed that people had enough staff to keep them safe.
- Staff had been recruited safely and there were necessary checks in place to ensure that staff were safe to

work with vulnerable people.

#### Using medicines safely

- Staff were supporting people to take their medicines safely. People with 'as required' medicines that were prescribed for use occasionally, such as pain relief medicines, had these available and there were protocols for their use.
- Staff were competent in the administration of medicines, and followed best practice. Staff were routinely checking each other's work to ensure that as few medicines errors as possible were made. There was a medicines error flow chart for staff to follow, and where errors had been made, such as signatures missing from administration charts, these were picked up quickly and put right.
- People told us they could access their medicines. One person said, "I get my tablets when I need them." Staff understood what people's medicines were prescribed for and what side effects they may get.

#### Preventing and controlling infection

- People were protected from the risk of infection. There was a cleaning schedule used by staff to keep the home clean. There was no separate infection control audit but there was a monthly quality audit that looked at things such as the fridge and food temperatures.
- We observed staff using PPE and following safe practice in the kitchen. There was a sign in the kitchen about correct coloured mops and buckets to use to reduce the risk of cross contamination.
- The registered manager was the infection control lead for the service and had booked extra training for the role.

#### Learning lessons when things go wrong

- Lessons had been learned and shared with staff when things had gone wrong. The registered manager had changed the assessment process to ensure that all relevant information is shared by partner organisations following an issue with one assessment.
- There was an accident and incident book that recorded any significant incidents and patterns and themes were identified and shared with staff during team meetings.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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.

- The principles of the MCA were not being followed consistently. One person had a medical condition that meant they sometimes were unable to make decisions for themselves. During times they were well they could make their own decisions under the MCA. However, there was no plan for how to make decisions in their best interest when they were unwell. For example, there was a personal care task they were not keen on when unwell but there was no plan for staff on how to manage this situation. We spoke with the registered manager who acknowledged that this needed to be updated and planned for.
- Another person had an MCA assessment for medicines that stated they had capacity. However, there was also an assessment by a medical professional that stated the person did not have capacity to make decisions around their medicines.

We recommend the provider reviews MCA assessments in line with the MCA 2005 Code of Practice.

Some people had a DoLS authorised and had conditions on their DoLS. Where these were in place they were being managed effectively.

### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to achieve effective outcomes. There was a DISDAT tool completed for people who needed it, to help identify when they were in pain or distress. The DISDAT is a nationally recognised tool to help identify signs of distress in people with severe communication problems.

- There were systems in place to ensure that no discrimination took place and people's characteristics were protected under the Equality Act 2010. One person had guidelines in place for supporting them with aspects of their sexuality. This was sensitively discussed in supervision with staff, so they understood how to support the person.

#### Staff support: induction, training, skills and experience

- Staff were trained and supervised regularly to ensure they had the right mix of skills to effectively support people. For example, staff who gave medicines were trained through the local authority and then had a medicines assessment and competency assessment completed by the provider. There was a range of online and face to face training, such as for administering some 'as required' medicines.
- New staff had a structured induction and we reviewed the induction handbook and workbook, which was of a good quality. One staff spoke to us about supporting new staff and said, "They have shadowing and follow someone round for a month. They read through all care plans and policies and procedures, that takes three to four days."
- Staff were supported with regular supervisions. We checked two staff files and there were supervisions for every month, with appraisals happening yearly. The registered manager was effectively using the disciplinary process to ensure that staff worked to the correct standard.

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

- People had enough food and drink to maintain good health. People told us that they liked the food at The New Inn. One person said, "I like the food here. We choose the menu every week." People with a special diet were catered for safely. There were guidelines for one person's special diet displayed in the kitchen.
- One relative told us, "They seem to dish up nice food. They have enough to eat and drink. When [name] comes home she has £15 and I take her shopping and she buys snacks to keep in her own room."
- Staff monitored how much people ate and drank, using food and fluid charts to ensure that people were well nourished and hydrated. Staff were able to explain what action they would take if people did not eat and drink well.

#### Staff working with other agencies to provide consistent, effective, timely care

- People received person centred and effective care when they moved to or from the service. We discussed with the registered manager how the process for a person who recently moved to the service worked. The registered manager explained that they and another senior staff visited the person, including overnight stays, to build a full picture of the support they required. The process included involving the person's family, social worker and their previous support provider.

#### Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were being met effectively and staff knew people's needs. People saw their GP and other medical professionals when they needed to. For example, one person had been supported to have six blood tests in the past six months. There were regular appointments with their GP and the latest had been to follow up concerns raised by another professional. People had notes from hospital and dentists' appointments as well as from the optician and chiropodist.
- There was a clear record of staff taking action when they observed a person deteriorating. The person had shown an increase in anxiety and special medicines had been prescribed. When this had ended staff continued to monitor the person and sought additional support from other health services.

#### Adapting service, design, decoration to meet people's needs (E6 this KLOE is for providers of the regulated activity 'Accommodation for the persons who require nursing or personal care.')

- The design and decoration of the service met people's needs and the building was accessible. People's

bedrooms had been redecorated with people's input. The service had a kitchen that had been refurbished and people were seen to be involved in the preparation of food. The living room was decorated and reconfigured and people told us they liked it.

- There was an accessible garden and the bushes and plants had been cut back to allow people greater access. The registered manager told us, "In the summer people use the garden doing gardening, BBQ's games, eating dinner and lunch. We have social events where other services come over and do events in the garden; and there is ramp access round the side if needed."

# 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 meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People told us that they liked their staff and they were treated kindly. However, we saw that one staff's interactions with people was abrupt and dismissive on occasions. For example, one person made it clear they did not want to go for a drive. The staff did not take accept their answer and was insistent on them coming. The person refused to go on four occasions until another staff member intervened.
- We discussed this with the registered manager. The registered manager told us after the inspection that they had addressed our concerns with the member of staff and that regular supervision had been arranged to ensure the correct standard of care was upheld.
- There were comments made in the week before our inspection in a communication book that were not respectful of a person. We showed these to the registered manager who confirmed they had not seen these comments and they were not acceptable. The registered manager said, "That is not the right way to have worded that." After our inspection the registered manager informed us that this had been addressed with the staff team.
- Other staff treated people with kindness and respect. One person told us, "The staff are kind. They like me, and I do like them, and the other clients here all like them as well." Another person said, "I like the staff here. I get on very well with [key worker]." A relative commented, "When we visit [name] is always laughing and they get on with all the staff."
- Staff knew people's sense of humour and were able to appropriately share jokes with people. We observed lots of kind and caring interactions. One staff suggested that a person joined them in sorting out photos for the pictorial menu. Staff talked about whether the food in the photos was hot or cold when eaten. Staff praised the person when they got it right, and the person said, "I did that well, didn't I."

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

- People were supported to make decisions about their care and to have a sense of ownership of their support. One person told us, "I do my care plan sometimes with my key worker and my social worker." Another person told us, "I am involved I my care plan; I have been to reviews." A third person told us, "Staff let me make my own mind up."
- People were supported to communicate their needs and wishes. People had varying degrees of ability to communicate at The New Inn and all people had a communication plan.
- One person who communicated verbally experienced times when they struggled to communicate. The plan set out how they needed staff to speak slowly and to not rush them. There was also a list of topics the person was interested in that enabled staff to engage them and help them to communicate when they were struggling. Staff were able to describe to us how they would assist the person, and this was consistent with the information in care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's privacy. One relative said, "Staff respect [names]'s privacy. If we visit the staff don't disturb us and knock on the door and ask; they're very good that way."
- We observed some good staff interactions that upheld people's dignity. For example, one person returned from using the toilet and their clothes were not on correctly. One staff was very quick to respond and subtly redirect the person back to the bathroom. When they returned they were dressed appropriately, and no other people saw this incident due to the staff's swift and discreet support.
- Another person was being supported with an element of their sexuality. We saw that staff were discreet and respectful of the person's choices. The person was able to express themselves in a healthy and safe way with the considerate support that staff offered.

# Is the service responsive?

## Our findings

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

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.

- Staff knew people's needs well and care plans were person centred. People had a 'personal holistic profile' in care plans which contained their personal details, such as their religion and their medical details. There was a section on communication that explained to staff how the person would let it be known if they did not understand them.
- There was information about 'important people in my life', as well as a 'My life story' which explained where a person grew up and went to school. Staff had worked with people to complete a 'good things about me' and 'things I like' section to give a fuller picture of people's preferences and personalities.
- Staff we spoke with were knowledgeable about people and their needs. One staff was able to tell us about one person's history and their current condition, using information that was consistent with care plans. Another staff told us about how they supported one person when they experienced high anxiety; the staff spoke with sensitivity and showed a good understanding of the person's needs.

### 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.

- Staff had a good understanding of people's communication needs. People had communication plans and staff offered support that was in line with care plans. This enabled people to communicate effectively and overcome any difficulties.
- There was a pictorial menu used to assist people with communication difficulties and other documents had been written in pictorial format, such as information around safeguarding and activities. This helped people who struggled with verbal communication and reading to understand important information.

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

- People and their relatives told us they had an active life and enjoyed a range of activities that were tailored to their own interests. One person said, "I do charity shopping, and go to the pictures; I've got my own bus pass. I'm not bored as there really is lots to do." Another person told us, "I'm happy: I can go out shopping, go for drinks, and go out to visit my mum and sister."

- People had activity timetables which were monitored to ensure they were accessing the local community and having activities they enjoyed. There were practical sessions such as life skills where people were supported to shop or clean their home. There were also group activities such as singing with a musician, as well as frequent trips to shops, pubs and cafés that people told us they enjoyed.

#### Improving care quality in response to complaints or concerns

- There was an established complaints process and policy. There was a complaint and the complaints procedure had been followed correctly to resolve the issue. There were several compliments from family members about positive changes in their relatives following management changes.
- There was an accessible version of the complaints policy and it was displayed in a prominent area of the home where people could see it. People were able to describe to us how they would make a complaint if they needed to.

#### End of life care and support

- There was nobody with end of life care in place during our inspection. The registered manager had explored peoples' choices and wishes for their final days. One person had an 'end of life care plan' that had been completed without their involvement following a best interest meeting as they had anxieties around death.
- The person's relatives had provided input and had given details around where the person should be buried, which flowers they would like and where the wake was to be held.

# 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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same.

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.

Continuous learning and improving care

- Not all shortfalls identified at this inspection had been highlighted or put right by quality audits. We had found a lack of risk assessment around some staff working excessive hours to cover shifts. We found some issues with compliance with the Mental Capacity Act 2005, and with some staff approach to people.
- The three previous inspections have found that the service has not been well-led, with each inspection rating the well-led domain as Requires Improvement. There has been a consistent theme of a lack of effective audits highlighting shortfalls in service delivery.
- The provider had been in breach of regulations in 2017 but had shown sufficient improvement for the breach to be met, but the rating was still Requires Improvement as the improvements had not been embedded in practice. At this inspection we have found that improvements had not been made in sufficient time.

The registered provider had failed to ensure that effective auditing systems to identify shortfalls in the service and recognise areas for improvement had been embedded. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other audits had been effective in highlighting some shortfalls. We reviewed some 'ad hoc quality assurance visits' from senior managers which had checked the communication book, shift plans and other paperwork such as the cleaning rotas. There was a regular check of the activity recording sheets.
- People, relatives, staff and professionals had completed questionnaires which generated action plans. Changes had come about such as updating the cleaning rota, and a 5% pay raise for staff. The registered manager told us that it made staff feel more valued.
- During the previous inspection it was noted that an electrical installations safety certificate was being sought. We saw that this had been done and other safety certificates were present and monitored for renewal dates.
- The registered manager had been given the resources to develop the staff team, and had identified improvements that had happened in relation to more regular and effective supervision and training. The registered manager told us, "Spending time with staff and going through things really helps. We've changed monthly key worker from to be more detailed and I was able to sit with (name) this morning and go through it all. All staff are offered NVQ's and we are going over to (a provider) care for that."

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

- People and staff found the registered manager approachable and supportive. One person told us, "She is nice. She brings things in. I can talk to her." Another person said, "I like her she helps me out if I have any problems." However, we found some issues with some staff approach that we have reported on in the caring domain.
- The registered manager was a visible presence in the service. The registered manager worked shifts on the rota as well as administration shifts, and these were often worked in the lounge so that people could speak to her.
- There was an open culture and staff were kept up to date with an ongoing court case the provider was involved with. The registered manager ensured that staff felt supported and had their wellbeing protected. The registered manager told us, "Staff know they can always come and speak to me. We would like to bring in [an employee recognition scheme] to keep staff motivated and give them things to work towards."
- The management team were aware of challenges facing the service and had identified that making sure things were done consistently, such as not having gaps in cleaning charts, was a recurring challenge. There were no projected issues with Brexit and the impact this may have, such as with staffing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had a good understanding of the duty of candour and had reported any incidents correctly and openly. One relative told us, "If anything ever happens the manager will always call and tell me."
- We reviewed the accident and incident folder and all incidents had been reported and shared as per the duty of candour policy.

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

- There was a registered manager in post who was in charge of the day to day running of the service. The registered manager understood their duties and had notified CQC of any significant events.
- The registered manager felt well supported in their role. There were two area managers and a director who were available to offer supervision and guidance to the registered manager. The registered manager told us, "When I've asked for more time in the office they were supportive. I went to [area manager] with an idea to alter the service and they have been very supportive."

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

- Staff were actively involved in developing the service. The management team had presented policies and procedures at team meetings and were asking staff for input on their development.
- The registered manager said, "We think staff should have a say. When staff have ideas, they will come and say I have an idea can we do this." One staff had spoken about getting cinema passes for people, as they enjoyed going to the cinema but found it to be expensive. This was researched and put in place with the help of people's appointees.
- There were links with the local community and some people attended a local church. Other people had attended a library and local charity shops, and people were known in the pubs and restaurants near the service.

Working in partnership with others

- The registered manager had demonstrated close working relationships with the local community learning

disability team, and other health teams such as psychiatry and the specialist behaviour team. The registered manager said, "We are open and honest and try to have good communication; having good relationships with people helps this."

- We saw evidence of good communication and partnership working with the chiropodist, optician, speech and language therapist, specialist dentist, and local hospital.
- Information was being shared safely and securely. The provider used a secure encrypted email service to ensure people's confidentiality was protected. Staff only gave information to people that was relevant, and any professionals who visit the service were encouraged to take any necessary copies of documents electronically.

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 17 HSCA RA Regulations 2014 Good governance  The registered provider had failed to ensure that effective auditing systems to identify shortfalls in the service and recognise areas for improvement had been embedded.