

# National Autistic Society (The) St Edwards Close

## 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

This comprehensive inspection took place on 6 and 9 November 2018 and was unannounced. At our last comprehensive inspection in April 2016, we rated the service Good. However, at this inspection we found the service was not meeting legal requirements and areas of the service required improvement.

St Edwards Close is a residential care home for 12 people with autism. The service consists of two houses, the Willows and Conifers and can accommodate six people in each. In each house, there are single bedrooms and people have shared use of a lounge, activity room, kitchen and bathroom facilities. There is an enclosed garden and courtyard for people to access. There were 11 people using the service at the time of our inspection.

At the time of the provider's registration, the care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. However, the service was continuing to develop their practice to meet this guidance and used other best practice to support people. They have applied the values under Registering the Right Support. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post who joined the service in March 2018. 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.

People were not always protected from the risk of avoidable harm. Environment, equipment and fire safety checks had been regularly undertaken, however, hot water exceeded the maximum safe temperature and the provider was not complying with Health and Safety Executive (HSE) guidance about this.

People did not live in a well maintained environment as parts of the premises remained in need of redecoration or repair. The provider's refurbishment plan took too long to deliver. Refurbishment of people's bathroom facilities had not been completed and remained outstanding for over two years. This was highlighted at our last inspection in April 2016.

Other systems were used effectively to assess and monitor the quality of services that people received. Action plans were used to highlight any areas where improvements were required and these were monitored to ensure that changes were made.

The provider's recruitment and employment processes were robust and protected people from unsafe care. People received support from staff who knew them well, and had the skills to provide the care they required. Staff received the necessary training to fulfil their role and had ongoing support and supervision from the

registered manager.

The provider's training programme was designed to meet the needs of people using the service. Staff had the knowledge and skills they required to support people with autism. Training included supporting people who presented behaviours that could result in harming themselves or other people. This helped staff to manage situations in a consistent and positive way, and protect people's dignity and rights.

People continued to experience person-centred, flexible support. People's care needs were assessed, kept under review and they were fully involved in making decisions about their care and support. Assessments considered whether people had any needs in relation to their disability, sexuality, religion or culture. Staff understood and respected these needs.

People's care records recognised their rights and were person centred. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff knew how to recognise and report any concerns they had about people's care and welfare and how to protect them from abuse.

People had personalised support plans that reflected the care and support they needed. Plans identified any associated risks to their health and welfare. Where risks were identified, there was comprehensive guidance on the ways to keep people safe in their home and in the community.

People decided how they spent their time and staff supported their choices and independence. Pictorial aids were available for those who needed support with communication.

Staff encouraged people to participate in activities, pursue their interests and to maintain relationships with people important to them. Relatives and visitors were welcomed at the service.

People were supported to keep healthy and were encouraged to maintain a healthy lifestyle. Other professionals were involved when people became unwell or required additional services to ensure their healthcare needs were met.

The provider encouraged feedback from people who used the service, relatives, and staff and this was used to improve their experience at St Edward's Close. People knew how to complain and told us they would do so if required. Procedures were in place to monitor, investigate and respond to complaints.

The service responded in an open and transparent way when things went wrong, so that lessons could be learnt and improvements made.

We found two breaches 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 this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. People were not always protected from avoidable harm as the provider was not complying with guidance relating to hot water safety.

Individual risks to people's health and welfare were assessed and managed appropriately.

People were protected from abuse and staff understood their responsibilities to report any concerns.

Staffing was organised according to people's needs and the provider followed an appropriate recruitment process to employ suitable staff.

People received their medicines as prescribed and medicines were stored and managed safely.

When something had gone wrong the registered provider responded appropriately and used any incidents as a learning opportunity.

**Requires Improvement** 

### Is the service effective?

Some aspects of the service were not effective.

Parts of the premises remained in need of repair or redecoration and the provider's plans to improve this took too long to deliver.

People received support from staff who were appropriately trained and supported to carry out their roles and meet people's individual needs.

Staff respected people's right to make their own decisions and supported them to do so. The provider acted in accordance with the Mental Capacity Act to help protect people's rights.

People were provided with a choice of food and drink that met their nutritional needs.

People had access to the services they required to keep healthy. Staff involved and worked with other health professionals in

**Requires Improvement** 

people's care when needed.

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led.

Systems were used to assess and monitor the quality of services that people received. However, these had not been used effectively to identify the shortfalls with the environment. A refurbishment plan was in place but actions were behind schedule.

The registered manager provided effective leadership and led by example. Staff felt supported and spoke positively about the way the home was run.

People, their families and staff were encouraged to share their views and contribute to developing the service.

The culture of the service was open and inclusive. Staff were clear about their roles and responsibilities and worked as a team.

The service worked effectively in partnership with other organisations and agencies to meet people's needs.

# St Edwards Close

## 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 checked 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 comprehensive inspection took place on 6 and 9 November 2018. The first day was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included any safeguarding alerts and outcomes, complaints, information from the local authority and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also reviewed previous inspection reports.

People living at St Edwards Close were not able to fully share with us their views of living at the service. We therefore used observations and spent time with people and staff in communal areas to help us understand their experiences. We spoke with the registered manager, deputy manager, five members of staff and the area manager and two relatives who were visiting the home on the second day.

We reviewed three people's care records, recruitment records for two members of staff and the records kept for staff allocation, training and supervision. We reviewed records relating to the management of the home and the provider's systems for checking the quality of their service. We looked around the premises and at health and safety records. We also checked how medicines were managed and the records associated with this.

Following our inspection the registered manager sent us information we requested. This included the latest staff training record, quality assurance information and records related to hot water safety checks and a maintenance improvement plan.

# Is the service safe?

## Our findings

People were not always protected from avoidable harm in the environment. The property was owned and managed by a housing association and was rented by the provider. Although maintenance and servicing checks were undertaken by the landlord, we found the provider was not complying with Health and Safety Executive (HSE) guidance about hot water safety. We found control measures to reduce the risk of scalding were insufficient. Hot water temperatures had not been routinely checked and people using the service were able to access to hot water unsupervised, for example, in the bathrooms or washing hands after using the toilet. Shortly after our inspection, the registered manager provided evidence that daily checks on all hot water temperature outlets had been put in place. The registered manager had also contacted the landlord to arrange for thermostatic mixer valves [TMVs] to be checked and we received confirmation that these were set to the recommended safe limit.

We therefore found the provider had not done all that was reasonably practicable to mitigate risks for people associated with hot water safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other health and safety checks were undertaken to ensure the building and the equipment were safe for people to use. These included those related to fire safety and electrical and gas utilities. Records showed that checks were completed when required and plans put in place where improvements were needed. For example, work was underway to address actions identified in a recent fire risk assessment. Fire alarms and equipment were tested to ensure they were in working order. Fire evacuation drills were held regularly involving both people using the service and staff. People had personal emergency evacuation plans, which meant their specific support needs in the event of fire had been identified and planned for.

People were protected from abuse. Staff knew what action to take if they had concerns about a person's welfare or safety and completed safeguarding training every year. Posters were displayed that provided clear guidance on how to report suspected abuse or raise concerns about poor practice through whistleblowing procedures. The provider responded appropriately to any allegation of abuse and made referrals to the local safeguarding authority when required. Where safeguarding concerns had been raised, we found the service had worked effectively with the local authority to protect people and improve practice. Action had been taken to reduce the risks of incidents happening again. Management shared examples with us where additional checks on staff practice had been put in place and new procedures introduced.

People were supported to take planned risks to promote their independence. Staff spoke knowledgeably about the risks associated with people's care, such as their behaviours and accessing the community. People's risk assessments were personalised and kept under review.

Where people experienced behaviours that may challenge others, staff knew how to respond to help alleviate any distress or risk of injury to the person or others. Staff completed relevant training every year as a minimum requirement to support their understanding and practice. There was information to show staff what may trigger behaviour and how to support the person with their emotional needs. These plans helped ensure people were supported safely and restrictions on their freedom, choice and control were minimised.

People received the support from staff they needed to keep them safe. Staffing was arranged according to each person's individual support needs. During our inspection, people were engaged with their planned activities and staff were always available. There was a mixture of new and more experienced staff; with many staff having worked in the service for a number of years. This stability helped ensure people experienced consistent care and support. If staff were unavailable, because of sickness or other reasons, regular agency or bank staff were used to support continuity of care. St Edwards Close had experienced staff changes in recent months and additional recruitment was underway to fill vacancies. The registered manager worked as part of the staff team and was available to provide support if required. Staff told us they felt staffing levels had improved since the change in management.

The provider continued to follow a robust recruitment process before staff started work. This was to ensure staff were safe to work with people using the service. People were involved in the process for recruiting new staff and the required checks were managed centrally by the provider. These included criminal record checks as well as reference checks on staff character and suitability. Staff files contained evidence of all appropriate documentation, such as proof of identity, employment history, training and qualifications and two references.

People received their prescribed medicines when they needed them. Medicines were stored and managed correctly in line with national guidance. Information about people's medicines was accurate and explained how they preferred to take them. Where people needed medicines 'as required' or only at certain times, there was additional guidance about when and how they should be administered. Medicines we checked for people corresponded with their medicine administration records (MARs). There were no gaps in the signatures for administration and staff completed audits of medicines to minimise the risk of error. Staff completed training and their competency was checked annually or following any error to make sure they continued to practice safe medicines administration.

People lived in a clean and hygienic environment. Appropriate systems were in place to prevent and control infection. A recent audit had been carried out and actions which were required following the audit had been completed. Staff had received training and understood how to prevent the spread of infection.

Incident reports confirmed staff followed people's individual behaviour guidelines. Staff recorded what had been happening before, during and after an incident to give a full account of what had happened. A system was in place to record and monitor incidents and this was overseen by the provider's quality department to ensure the appropriate actions had been taken to support people safely. Records showed that 'de-brief' discussions were held following some incidents to review changes in practice and provide more effective support. The provider also held meetings with staff to ensure any safeguarding concerns were discussed and learning could be taken from them.

## Is the service effective?

### Our findings

At our previous two inspections, we found parts of the premises were in need of repair or redecoration. In April 2016, the provider told us they had an ongoing refurbishment plan to improve a number of areas in the service. Since then, further improvements had taken place including the redecoration of communal areas and all people's bedrooms. Although action was underway or scheduled to complete outstanding works, we were concerned there had been limited progress to improve the bathroom facilities available to people. In both houses, shower attachments were broken or not available and meant that people only had the option to use the bath. We noted that flooring had been replaced in both bathrooms but they still required redecoration and repair as identified at our last inspection over two years ago.

The registered manager had identified through environmental audits that the property had not been well maintained. Records confirmed they had made efforts to address this and reported these issues to the relevant department. Following our inspection, we were provided with an updated improvement plan to complete outstanding maintenance and refurbishments in the home. This outlined the planned works for 2018- 2019 which included upgrades to all bathroom facilities during January 2019.

Whilst we acknowledged there was an ongoing refurbishment plan, the provider had not taken timely action to ensure the premises were properly maintained. Necessary repairs to the bathrooms had not been completed. This meant people did not have the use of appropriately maintained washing facilities that provided them with the choice for a shower or a bath.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were assessed and regularly reviewed. The provider supported staff to deliver care and support in line with best practice guidance. Information on supporting people living with autism was included in people's care plans to enable staff to provide appropriate and person-centred support according to their individual needs.

People were supported by trained staff who had the appropriate skills and knowledge to support their needs. Records showed that training was frequent for staff and included a structured and comprehensive induction that was aligned to the Care Certificate (a recognised set of standards). This included ASK Autism training which is a modular e-learning programme that considers what it's like to live as an autistic person. New staff were expected to complete their learning objectives and tasks during a six month induction and probation period. This involved shadowing opportunities and regular review meetings with other senior staff to monitor progress.

Staff told us they received the training they needed to support people with their assessed needs. This included managing behaviour that may be challenging, epilepsy and communication. The provider maintained an electronic record which showed all completed training as well as where staff were due to attend refresher courses. This helped ensure staff kept their knowledge and skills up to date and at the

required frequency.

Arrangements were in place for staff to receive one to one support and yearly reviews. Staff received ongoing supervision and appraisal to discuss their performance with the registered manager. Supervision records were detailed and included discussions on any learning or development needs and feedback about practice.

People were supported to have a balanced diet, and were provided food and drink of their choice. Healthy snacks were available and the fridges were well stocked. People planned their menus each week and helped with food shopping, preparation and cooking. Pictorial menus, photos and prompt cards were displayed in the kitchen to help people with communication needs. Mealtimes were flexible in response to group and individual activities. Any risks associated with eating and drinking were clearly recorded and guidelines were followed by staff.

People were supported to keep healthy and receive appropriate support with their healthcare needs. Where people had specific needs, the service had consulted with relevant professionals to ensure staff had advice about current best practice. A behavioural therapist was available to review the support provided to people following incidents or when advice and guidance was required. Staff maintained records about people's healthcare appointments, the outcomes and actions required. These showed staff followed the advice and guidance provided by other professionals involved in people's care. The registered manager was in the process of reviewing and updating people's hospital passports to ensure these reflected people's current needs. The passport provided important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking.

The premises were suitably designed to meet people's needs and there was outdoor space for people to access as they wanted. However, as discussed earlier in the report, we found areas in both houses were in need of modernisation and redecoration. The provider had plans to make the necessary improvements and work had begun at the time of our inspection. For example, people had chosen new paint colours for their bedrooms and helped redecorate them with support from staff. Where people required specialist equipment and furniture this had been provided.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff understood people's individual communication needs and how they expressed themselves. Care plans explained where a person could not give consent and what actions were needed to protect and maintain their rights. People's support plans included a decision making profile, which set out the support people needed. Mental capacity assessments, specific to the decision being made, had been completed. There was a DoLS checklist which covered a range of questions that must be considered when a person did not have capacity to give informed consent.

Support plans included information about people's capacity in relation to different areas of care and lifestyle. They highlighted when people were able to make decisions for themselves or if best interests' discussions would be needed to support them. For example, meetings were arranged for one person who needed support to undergo a healthcare procedure. Staff were trained in MCA and DoLS and refreshed their learning each year to keep up to date with best practice. The registered manager had assessed where a person may be deprived of their liberty and made appropriate referrals to the local authority where this applied. Records were in place to demonstrate this. A tracker record for applications that had been made to deprive people of their liberty was in place. This enabled the service to monitor when authorisations expired and assess whether they should be reviewed.

# Is the service caring?

## Our findings

People were treated as individuals and their support plans were personalised to reflect their needs, choices and preferred routines. Our discussions with staff showed they knew people well, including their likes, dislikes and preferences and had used this knowledge to form positive relationships. They were able to explain people's individual needs in relation to the way they were supported. This information corresponded with people's care records.

We observed positive interactions throughout the inspection visit between staff and people who lived at the home. Staff had a caring approach, were friendly and respectful and people were relaxed in their presence. A relative spoke about an improved atmosphere in the service since the change in management. They told us, "People seem more relaxed. Kindness and respect has returned."

People were involved in decisions about their care and support. In the care records, there was good detail about personal preferences, likes and dislikes, what helped them relax, kept them happy and what was important to them. Detailed plans explained how people preferred to communicate and how staff should respond. Some people used sign language, others preferred to use pictures and objects of familiarity to help them communicate and some used Picture Exchange System (PECS). PECS is an alternative way of communicating with people with autism. Staff were familiar with people's different needs and communicated effectively with individuals throughout our inspection.

People were supported through the use of social stories. Social stories are, easy to understand, short descriptions of a particular situation, event or activity. Social stories can help reassure people and help them understand what will happen, how it will happen and when. We saw examples where these had a positive impact for people such as reducing anxiety when attending a GP appointment and promoting one person's understanding around respecting other people's privacy.

People were supported to keep in contact with those who were important to them. People's relatives were encouraged to visit and made to feel welcome. Staff kept relatives informed about people's welfare and families were involved in reviews and other meetings as appropriate. Relatives we met told us they were also invited to events which had included a garden party in the summer and a sports day organised by the provider at one of their other services. They told us they found these events useful as they could get to meet other families socially and share experiences.

Staff addressed people respectfully and respected their choice to be alone if they requested it. People were supported to develop their independence and staff empowered them to do so. People were encouraged to cook, wash their laundry and help keep their home clean and tidy. Illustrated timetables were used and each person had a designated day to take part. Staff used active support which is a person centred approach that focuses on making sure people are engaged and participating in all aspects of their life, so they can be as independent as possible. Activities or tasks were broken down into a series of steps and staff record what the person can do for themselves, those they can do with prompts and those they need done for them.

People's right to confidentiality was protected. We observed staff maintained confidentiality when discussing individuals' care needs. People's personal information was kept secure and on the service's computer system, records were only accessible to authorised staff. Staff had received training on the principles of privacy and dignity and person centred care.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. Each person had plan which included the outcomes people hoped to achieve from their planned care and support. The care plans were personal to the individual and gave clear information to staff about people's needs, routines, daily living skills, health needs, communication needs, what they were able to do for themselves and the support required from staff. Staff had a good knowledge of the detail in care plans and how to support people.

Arrangements were in place to regularly review people's support plans to check they remained current and accurate. The registered manager acknowledged for some people, these had not taken place as regularly as required. However, steps were in place to address this and the provider was in the process of implementing new care planning documentation at the time of our inspection. There was also a system in place so that when any changes were made staff were asked to read and sign the information to ensure they were up to date with people's care needs. We saw examples of this which included updated risk assessments and guidelines for supporting people.

Staff wrote daily reports about people's daily experiences, activities, health and well-being and any other significant issues. These were comprehensive and included detail about what worked well and for the person and what did not. This enabled staff to monitor that they were meeting people's needs. Daily shift handovers allowed staff the opportunity to discuss each person they supported and gain an overview of any changes in people's needs and their general well-being. We joined a handover and observed staff spoke in depth about each person, highlighting any concerns or issues affecting people's care.

People were supported to follow their interests and attend a range of chosen activities on a daily basis. People had individual programmes however these were flexible according to people's preferences on the day. People took part in activities in the local and wider community and at the provider's own resource centre. People were encouraged to try new experiences and activities. In the summer staff had supported people to develop the garden and grow their own vegetables. A relative told us their family member had tried a yoga class and enjoyed a regular swimming session. People we spoke with told us they liked the activities and had lots to do. Our observations supported what they told us and people were busy and engaged in activities during our visit.

People's rights were upheld and they were protected from discrimination. The provider understood the importance of promoting equality and diversity for people and staff completed training to enable them to meet people's needs. Staff supported people's diverse needs and treated people with respect and care. People's personal relationships, beliefs, likes and wishes were recorded in their care records and staff responded to their individual needs. For example, people were provided with cultural food of their choice and supported to attend church.

The provider was aware of their responsibility to support people's needs in line with the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a disability,

impairment or sensory loss to have access to the same information about their care as others, but in a way they can understand. Where needed, information was made accessible to help people make choices and decisions. For example, there were easy read leaflets about making complaints and reporting abuse. Picture cards and photographs were used to encourage activity choices, places to go and preferred meals. Care records included photos and plain language to help people understand the information.

People were involved in decisions about things that happened in the home through group and individual meetings. Each person had an allocated key worker to oversee aspects of their care and support. Individuals met with their key worker and discussed their care and support every month. Discussions took place around personal aims and objectives and people were asked about their preferences and what activities they wanted to do.

People had accessible information about how to raise any concerns or complaints. Staff told us how they knew people well and would be able to identify if someone was not happy. Relatives were comfortable to raise any concerns or complaints. A relative told us, "I now feel confident to pick up the phone if I have a concern and it would be dealt with." The provider had clear and appropriate procedures for responding to and dealing with complaints.

Although people using the service were young adults, the provider had arrangements in place to support people with their personal wishes at the end of their lives.

## Is the service well-led?

### Our findings

There had been a change in leadership since the last inspection. The manager had applied and successfully registered with the Commission and there was a new deputy manager. Relatives and staff spoke positively about the registered manager and the improvements he had made since joining. A relative told us, "Management have got staff working together" and said, "Staff seem happier and are now smiling." A member of staff told us, "He [registered manager] has made a big difference and people do more activities."

Despite the positive change in management of the service, we found the provider's systems to monitor the quality and safety of the service had not always been effective. There had been a lack of oversight with aspects of health and safety and the provider had not identified the concerns we found with hot water safety. Although there was joint responsibility with the landlord for the upkeep of the building, maintenance issues had not been consistently addressed in a timely manner. For example, repairs and refurbishment to people's bathroom facilities had not been completed and remained outstanding for over two years. Following our inspection, the registered manager confirmed that funding had been agreed to upgrade the bathrooms and work was due to start in January 2019. We will check for improvements at our next inspection.

We found the provider's other governance systems were effective. Records showed that the registered persons had regularly checked to make sure that people benefited from having all of the care and facilities they needed. These checks included making sure care was being consistently provided in the right way, and staff had the knowledge and skills they needed.

Monthly audits provided information about how well the service was running and any identified actions. Areas checked included people's care records, staffing, complaints, premises, accidents and incidents, health and safety and safeguarding. The reports were sent to the provider's quality assurance department and enabled the organisation to have an overview of the service and any risks so these could be jointly managed. This system also allowed for any themes or trends to be identified and acted on.

An area manager visited the service every six months to ensure that people were provided with good standards of care and support. They wrote a summary report based on the five key questions used in CQC's inspection approach. This audit identified where improvements were needed with a red, amber or green rating for compliance. We reviewed the latest report which reflected positive outcomes for people and few recommendations. Priority actions had been addressed and other actions were either completed or underway with progress updates recorded. The registered manager had also completed an annual review of the service and implemented a service development plan.

The service promoted and encouraged open communication between people, relatives and staff. Surveys were carried out to gather views of people, their relatives, staff and other stakeholders. Information from questionnaires was used to help improve the service and the quality of support being offered to people. The most recent surveys reflected positive feedback about the registered manager and the changes he was making. People and relatives were provided with newsletters to keep them informed of developments at the

service.

The registered manager was supported by a deputy manager and senior members of the team who had their own management responsibilities. Staff were clear about their roles and told us they had designated duties. These included checks on medicines and health and safety practice such as fire safety, cleanliness and infection control. Records confirmed checks were consistently completed and within the required timescales. Staff told us they felt supported by management and could approach the registered manager at any time. Staff understood their right to share any concerns about the care at the service and were confident to report poor practice if they witnessed it. Information about the provider's whistleblowing procedure was displayed in the office.

Staff meetings enabled staff to share information about people's care and support, develop or refresh their knowledge and skills and keep updated with current practice. At recent meetings, staff had discussed supporting people in the garden and baking cakes for a coffee morning. Meetings were also used to share learning, best practice and updated policies and procedures. Staff also used a communication book, shift handover and daily planners to keep informed about any changes to people's well-being or other important events.

The provider had a number of arrangements to support home managers. Managers had monthly meetings and one to one supervisions with their line managers. The registered manager attended learning events at forums run by the local authority and information from these events was shared with staff through meetings and correspondence. At national level, management meetings were held to discuss legislative changes and lessons learnt, for example, following safeguarding incidents.

The staff team worked in partnership with other organisations to respond to and meet people's care needs. The provider sought information, advice and guidance from other agencies and from best practice guidelines. These included social services, GP's and other healthcare professionals. Records showed how the service engaged with other agencies and professionals to support people's needs.

Any incidents or accidents were investigated, recorded and dealt with appropriately. The provider learnt from incidents that had occurred and made changes in response to these to drive quality and ensure people were safe.

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the manager had notified us appropriately of any reportable events and the rating from the previous inspection was displayed in the home.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons had not ensured risks to service users' health and safety were adequately identified and managed.</p> <p>Regulation 12 (1)(2)(a)(b)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The registered person had not ensured the premises were properly maintained and suitable for their intended use.</p> <p>Regulation 15 (1) (c)(e).</p>