

Crediton Care & Support Homes Limited

Burridge Farm

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 6 and 8 February 2018. Burrridge Farm is a residential care home without nursing for up to six people who live with a diagnosis of learning disability and/or autism. Some people living at Burrridge Farm also have physical disabilities. 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.

At the time of the inspection there were six people living at the service, all of whom had lived at the service for a number of years. The home was made up of a main building with a separate annexe where one person received support. On the same site, but slightly further away was another registered care home, Kite House, owned by the same provider. This was managed by the same registered manager and most staff worked in both care homes.

At the last inspection in November 2015 the service was rated overall Good. The Safe domain was rated as requiring improvement as some aspects of recruitment were not fully safe. At this inspection we rated the service as requiring improvement. Although we found there had been some improvements in recruitment processes, the processes were still not fully robust.

The home had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. 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.

People were relaxed and happy with staff, communicating with them about the activities they wanted to do. Staff were knowledgeable about each person and their needs. This included how people communicated, using both verbal and non-verbal methods. Staff were able to describe how each person should be supported to keep them safe and enjoy life at Burrridge Farm. A professional commented "I observed [staff member] supporting this [person]. [Staff member] provided person with time and sufficient space to work at their own pace."

Care records contained risk assessments and care plans which described people's risks, needs and preferences as well as how these should be met. Each person's care plan provided information about their family background and history as well as the care and support they required. People had been involved in developing the care plans. Staff were able to describe how they worked with people to deliver the care in the care plans. A professional said staff "engage and work with the risk plan."

People were supported to have choice and control of their lives; staff worked with them in the least restrictive way possible; policies and systems in the service support this practice.

People were encouraged to take part in a range of activities both in the home and in the community. Staff worked with people so they could choose what they wanted to do and who they wanted to do it with.

People were treated with dignity and people's right to privacy was respected by staff. Staff supported people with diverse needs, for example, helping people fulfil their religious preferences. Staff understood their responsibilities in terms of safeguarding vulnerable adults and how to report issues if they were identified.

People experienced effective care that promoted their health and wellbeing. People were encouraged to eat a healthy diet of their choice. Staff prepared meals to meet people's preferences and dietary needs. People were offered drinks throughout the day to ensure they remained well hydrated. People's health needs were monitored and health professionals were involved where necessary. Medicines were stored and administered in a safe way. Staff recorded accurately when medicines were given.

People, their families, staff, health and social care professionals were asked their opinions about the care and support provided at BurrIDGE Farm and how this could be improved. Records showed that their opinions were taken into account when planning improvements to the service. One professional commented "Would I be happy to have a relative of mine living at the home? The answer would be yes, I would be happy if they received the standard of care [person] I support receives."

There was a registered manager in post and a provider who visited the home frequently supporting them. 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 a quality assurance and governance framework which checked that the home was safe, well maintained and clean and free of infection. However these checks and audits had not identified some recruitment processes and some environmental safety issues. There were quality assurance systems which monitored the care provided to people, including their medicines.

The home had a complaints policy and process. No complaints had been received for over a year. Independent advocate services were used to support people voice their opinions.

There were sufficient staff with the knowledge, skills and experience to support people with their care. Staff were supported to undertake training when they first joined the home and to refresh their knowledge from time to time. Staff were also supported to do nationally recognised qualifications. Staff had regular one to one supervisions with a senior worker which gave them an opportunity to reflect on what was going well, what was not going so well and what support they needed to improve their work.

We found one breach of regulations in relation to recruitment of staff. You can see what action we told the provider to take at the back of the full version of the report.

Further information is in the detailed findings below.

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 completely safe.

Although improvements had been made to the recruitment of staff, people were not fully protected from the risks of inappropriate adults working at the home.

The home was clean and infection free.

Risks to people had been assessed. People were supported to be as independent as possible, taking into account the risks.

Where safeguarding concerns had arisen, the service had acted in accordance with requirements.

Medicines were stored, administered and recorded safely.

Is the service effective?

Good ●

The service remains Good as people were supported by staff who had the necessary knowledge and skills.

People's physical, mental and social needs were assessed and their care and treatment was designed and delivered to meet these needs.

People were encouraged to maintain good health including eating a healthy diet. People were supported to access health professionals when necessary.

The home was adapted to meet the needs of people living there.

Staff understood their responsibilities to work within the requirements of the Mental Capacity Act (2005)

Is the service caring?

Good ●

The service remains Good.

Staff supported people with dignity and respect.

Staff worked with people in a kind and compassionate way.

Staff knew people and their families well and supported them to keep in touch with each other.

Is the service responsive?

Good ●

The service remains Good.

People received personalised care that met their needs.

There was a complaints policy and procedure. People and their families said they were able to raise concerns and these were listened to and acted on.

Is the service well-led?

Requires Improvement ●

The service requires improvement as checks and audits had not identified issues found during the inspection. These included recruitment checks being carried out before people started work and environmental issues.

There was a registered manager in post who was liked and respected by staff, people, relatives and professionals.

Quality assurance systems were in place.

Burridge Farm

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was unannounced on the first day of inspection, which took place on 6 February 2018. We returned to the service on the 8 February 2018 to complete the inspection. We arranged the second day with the registered manager in advance. The inspection was carried out by one Adult Social Care inspector.

Before the inspection we reviewed information held on our systems, this included notifications we had received from the service. A notification is information about important events, which the service is required by law to send us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met five of the six people living at Burridge Farm and we spoke with two of them. Some people living in the home did not have verbal communication skills; we therefore spent time in communal areas informally observing them and their interactions with staff and each other.

We talked with the registered manager, their deputy, two administrative staff and six care workers including an agency care worker. We also met and spoke with one of the providers. After the inspection we contacted five relatives of people living at Burridge Farm and received four responses. We contacted 11 health and social care professionals, including the local GP surgery, to ask about their views on the service. We received five responses.

We reviewed two staff records, staff training records, two people's care records, two medicine administration records, as well as records of audits and checks carried out in the home.

Is the service safe?

Our findings

At the last inspection in November 2015, we found that the recruitment policy and procedures were not fully robust. After the inspection, the registered manager provided assurance that checks and references were in place for all staff working in the service.

At this inspection although we found some improvements had been made to the recruitment processes, the processes were still not completely robust. Job offers were conditional upon acceptable references being received and a disclosure barring service (DBS) check being carried out. However, new staff were allowed to work shadow experienced staff before the results from the DBS had been received. The service had not undertaken an initial check (called a DBS adult first check) to ensure that the person was suitable to work, under supervision, with vulnerable adults. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employers can undertake a DBS adult first check which can provide them with sufficient information to make a decision that the member of staff is safe to work with vulnerable people so long as they are fully supervised until the full DBS is received.

In one of the two staff records we looked at, although checks on previous employment were carried out, there were discrepancies in the information provided by employee and that provided by their previous employer. The staff record showed there were gaps in their employment history which had not been fully explored. The person's application form did not have clear information about when they had started and ended working at two care providers. A reference received from a previous care employer had different information about the length and dates of service to that on the application form. This had not been identified or followed up.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager said in future they would ensure they followed up the person's employment history fully. They also said new staff would not be allowed to work with people in the home until all necessary checks had been completed. The other staff file we looked at contained all the necessary checks and references.

Hot water in one of the bathrooms was above a safe temperature. This meant people were at risk of being scalded. The registered manager took action to address these issues and by the second day of inspection, the hot water had been made safe. Although there were checks on water temperature undertaken as part of routine maintenance, the registered manager said they would review why these had not identified the issue. The registered manager said that the hot water temperature was always checked by staff before people took a bath. After the inspection, the registered manager confirmed a plumber had found the hot water temperature valve in the bathroom was broken and therefore had to be replaced. Other hot water outlets were at a safe temperature.

People were kept safe from the risk of emergencies in the home. People had personal emergency evacuation plans (PEEP's) in place to keep them safe in an emergency and staff understood these and knew where to access the information. Fire checks and drills were carried out and there was regular testing of fire and electrical equipment. The environment was safe and secure for people who used the service and staff. Each person had a key fob which enabled them to access their bedroom when they wanted. Staff used similar key fobs but these were also programmed so they could open external doors as well as the staff room and cupboards containing electrical and cleaning equipment.

The home was clean throughout without any odours present and had a pleasant atmosphere. Staff understood how to reduce the risks of infection by carrying out cleaning using appropriate equipment and cleaning products. Staff used personal protective equipment such as disposable gloves when supporting people with personal care. For example staff were observed using disposable gloves when they were about to administer ear drops to a person.

People said they liked living at Burrridge Farm and felt safe there. Comments included "Love it, I like everything here." "It's great, I like living at the farm; staff are good." Some people had very limited verbal communication skills. However, these people appeared happy and relaxed with staff. A health professional commented "When I have visited [person] always seems happy and has settled well."

Risks to people had been assessed and documented. For example, one person had epilepsy. The risks to the person had been considered and protocols for staff to follow when the person had a seizure had been drawn up. Staff were able to describe the actions they should take depending on the severity and length of time of any seizure. This included administering medicine and calling for an ambulance.

One person was at high risk of falls. A falls risk assessment had been carried out and a plan described how staff should work with the person to maintain their mobility. This included 'Support me 1-1 around the home and out in the community. Guide me around hazards or move them out of the way. Monitor the environment constantly so these are reduced or removed where possible. Provide me with support on the stairs and encourage me to use the handrails. Staff explained that the person had had a fall and therefore staff now linked arms with them to support them when out.

The home had sufficient staff to support people safely and meet their needs. The registered manager said staffing levels took account of the support people needed. Staff rotas were worked out to ensure people living at both Burrridge Farm and Kite House were supported. Rotas showed there were 11 care staff on duty working in both the homes. The registered manager said this provided some flexibility in staff numbers across the day to take account of the needs of each person. This included supporting people to undertake activities in the community. On the first day of inspection, there were at least five staff on duty in the morning in Burrridge Farm as well as the registered manager and administrative staff. People were able to undertake activities of their choice with staff support. Activities included one person going for a walk, another person going to a local leisure centre for a fitness session and another going to a work placement. Each of these people were supported by a care worker. Three other people chose to remain in the home with staff supporting them.

People's freedom was respected and they were supported to stay safe. For example, staff described how they supported people to have private time in their bedroom when they wanted it. Staff monitored one person who lived in the annexe using a two way radio system in the living room of the annexe. The person was aware of this and had agreed to its use. They were able to contact the staff in the main building if they wanted to.

People's individual equality and diversity was respected. Staff were able to describe people's backgrounds and personal history. This included details about the person's family and other important people in their lives. This information matched the information in care plans which people had been involved in developing. Religious preferences had been recorded and some people chose to attend a local church. Care records described how people wanted to be supported. For example one care plan described how the person was an early riser and may at times be anxious. There were suggestions for activities which staff could engage the person in to allay their anxiety, for example making bread, chatting about trains and doing puzzles.

The registered manager knew how to report safeguarding concerns appropriately to the Care Quality Commission and the local authority safeguarding team. They said there had not been any safeguarding issues in the last 12 months, but records showed that they had acted in accordance with safeguarding requirements in previous years.

Staff had received training in how to protect vulnerable people from the risk of abuse. Staff were able to describe types of abuse that could occur and what to do, if they identified a concern.

Medicines were managed and administered safely. Everyone living at Burrridge Farm had been assessed as needing support with their medicines. Medicines were stored in a locked medicine cupboard in a staffroom accessed only by staff. Medicine rounds were undertaken by two staff, one of whom would check that the other member of staff was administering the correct medicine. Both staff signed to say the medicine had been taken by the person after it was administered. The cupboard was tidy and clearly labelled. Where people required medicines to be taken with them when outside the home, there were safe systems. Staff had discussed with the local GP surgery about implementing an individual homely remedy protocol for each person living at Burrridge Farm. This was in line with the latest national guidance on good practice for administering homely remedies in care homes. Homely remedies are medicines which can be bought over the counter, for example pain relief and cough medicines. There were systems for auditing the administration, storage and disposal of medicines. Where medicine administration errors had occurred, action had been taken to reduce the risks of recurrence. A professional commented "[Person] I support has had some difficulties with [their condition] in the past year and has required some monitoring and changes to medication. I find the staff all very able to adapt to this and they will inform me if there are any concerns."

There was evidence that when incidents and accidents or near misses occurred the registered manager and staff looked at ways to reduce the risks of similar incidents occurring. This also included involving professionals. A health professional commented "They alert when they have concerns and questions, which are justified and realistic." Another health professional commented "When a possible mistake or complication has arisen then managers have alerted us quickly so we have fostered a great deal of respect and trust. The whole staff team are happy to brainstorm new ideas and take advice if that is required."

Is the service effective?

Our findings

Staff undertook an induction programme when they first joined the service. The induction programme was aligned to the Care Certificate. The Care Certificate is a national set of minimum standards designed by Skills for Care that social care and health workers that should be covered as part of induction training of new care workers. Staff were also required to refresh their training from time to time to ensure they remained up to date with the knowledge and skills required to support people effectively. Staff were supported to undertake nationally recognised qualifications and other training to support their skills and knowledge. For example staff had completed training in epilepsy awareness and managing behaviour that can challenge to help them work effectively with people living at Burrridge Farm. A health professional commented "Staff knowledge has been good and training opportunities taken up."

Staff received regular supervision from a senior member of the team. Records showed and staff confirmed that staff had had four supervisions each year. Supervision provides an opportunity for staff to reflect on their performance and identify any training needs they might have. Staff also had an annual appraisal each year.

We checked to see whether the home was working within the requirements of the Mental Capacity Act (2005). Records showed that where there were concerns about a person's ability to make a decision, best interests meeting had been held. The meeting had involved family as well as health and social care professionals. Where a person's family was not able to be included there was evidence that the person had been supported by an Independent Mental Capacity Advocate (IMCA).

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). An application for a DoLS authorisation had been made for each of the people living at Burrridge Farm. Records showed two applications had been authorised. The registered manager had systems in place to ensure they were aware of when the authorisation would expire. This meant they were able to apply for a re-authorisation in good time.

People were supported to use technology to enhance their independence. Most of the people living at Burrridge Farm had a tablet which they were able to use. They used these to stay in contact with family and friends, listen to music and take photos.

People were encouraged to eat a balanced diet, and were provided food and drink of their choice. People were able to choose what they wanted to eat and drink. Staff ensured people were supported to maintain good health. Staff contacted health professionals appropriately to ensure people's physical and mental health needs were met. This included their GP as well as specialists such as learning disability professionals. Annual health checks were undertaken by the GP. A professional commented about one person who had a long-term condition that staff "demonstrated a good understanding of these needs and quickly built a rapport."

Staff worked with professionals to ensure that people received the care and support they needed when they moved to or from Burr ridge Farm. Comments from professionals included "They listen, engage, share suggestions and challenges with professionals and engage with the process...", "...very good communication between the services so that essential information was transferred to offer appropriate and timely support.." and When I have visited [person] always seems happy and has settled well into his new home...this could have been a very difficult time for him but the staff at Burr ridge farm have help ease this transition for him and he has settled well into his new home."

People had the use of a large comfortable lounge; a large kitchen/dining room, a separate area which served as an art and craft room as well as their bedrooms in the main building. The annexe also had a lounge. The home was well maintained and people had chosen colour schemes and furnishing for their bedrooms. The kitchen had recently been refitted. Features such as an induction hob had been installed which made it safer for people to use the kitchen. There were outdoor areas including a garden with garden furniture which meant people were able to sit outside during clement weather. There was also a barn where people could do activities such as making wooden objects.

Is the service caring?

Our findings

People living at Burrridge Farm were able to communicate verbally were very positive about the home and the staff who supported them. One person said "Staff are nice." Another person said "I really like [staff member]." Some people at the home had limited verbal communication. However, we observed that staff were very caring and showed compassion and kindness to people. Staff took time with people, observing their mood and gestures to understand what the person wanted. Staff described how they were able to tell if one person was happy, saying "You can always tell if he is smiling and happy, his face lights up." They were also able to say how the person communicated when they did not want something done or were unhappy. During the inspection, we observed staff taking time with the person, offering alternatives. It was evident from facial expressions and body language when they were content and happy with what was offered. Another person was given time to have a leisurely bath and staff said this would be followed by a pamper session which the person enjoyed.

People were supported to express their views and be involved in decisions about their care and support. For example, staff were observed asking people what they wanted to do and whether they would like to go out. Each person had a care plan which involved a wide range of activities. For example, one person enjoyed music and was involved in preparing for a local music festival. Another person who particularly enjoyed drumming had individual sessions with a music therapist where they explored ways to create sound both inside and outside the home.

People's families were welcomed to the service when they wanted to visit. Staff also supported people to spend time with their relatives in their homes. For example, staff supported one person to visit a close relative when they were very unwell. A family member commented "They not only support [person] but also supported [relative]; they helped to make sure that they were able to see each other at a very difficult time. It was excellent support." Another person had been supported to spend Christmas Day with their family by staff going with them. Some families were supported to spend time with their relative in the home as the service arranged for them to stay in local bed and breakfast accommodation when they visited. Staff also accompanied people when they visited family and would, if needed, stay in a local hotel, so they could be at close hand if the family wanted support during the visit.

Most relatives said that communication with them was very good; although one relative commented that communication could sometimes be better. They said this was partly because they did not always know the staff if they phoned the home which made it more difficult to communicate with them about their relative. However they added they spoke with staff each week, were kept informed if the person was unwell and were always made welcome by staff if they visited.

Each person had a key worker who supported them to make choices about their care. This included what they wanted to do and how they wanted to be supported. Key workers also worked closely with family to ensure that people were able to keep in touch. One person's care plan described how they liked to have weekly phone contact with a relative, but could become anxious if the relative was not available. The care plan described how staff should ring the relative first to check they were available. This helped the person

not to get anxious.

The provider had a holiday cottage in Cornwall where people were able to have a break. Some of the people living at Burrridge Farm had visited the cottage more than once in the last year. Staff described how one person, who was supported to go on holiday, arrived, had a cup of tea and wanted to return to Burrridge Farm. Staff supported them to do this. This showed that staff responded to people in a caring manner.

Staff recognised the importance of treating people respectfully. Staff were discreet when talking with people about personal care needs. Staff knocked on bedroom doors before entering. Care records were stored confidentially and securely in both electronic and paper forms.

Is the service responsive?

Our findings

People received personalised care which responded to their needs and preferences. Each person was supported to do both individual and group activities of their choice. For example, one person enjoyed activities including playing an instrument with a local group and circuit training at the local leisure centre. Staff had recognised that the person tended to say "yes" to any activities offered which, at times, meant they were over-tired. Staff had worked with the person so that they now had 'down-times' where they could relax in the home.

Another person enjoyed going out for walks as well as going for drives in the car. Staff described how the person would sometimes choose to be taken to a particular spot where they enjoyed having a drink and a cigarette. One person had said they would like to do car maintenance. The person enjoyed washing and cleaning cars during the summer months. However, staff were also looking at ways to support them with this. For example, their key worker discussed how they would arrange for the person to help to do safety checks on the oil, water and tyre pressures of the vehicles used by the home.

Another person was particularly keen on dogs so staff had arranged to bring in their dog which they then took for a walk with the person. Other activities people did in groups included swimming, music sessions, art and craft sessions. Each person's care plan described the activities people enjoyed and a weekly timetable of when they would do particular activities. Daily records showed that staff supported them doing these.

Support plans were written to enable people to be as independent as possible. For example, one person's support plan stated 'I am able to dress and undress myself; however I need verbal prompting to choose weather appropriate clothing.' It also stated 'I use a visual planner; please help me use this before each activity. I need to see what activities are happening and in what order. This helps me focus on the here & now (now & next activity)'. The person had a board in their bedroom which had the upcoming activities they were going to do.

There was a complaints policy and procedure. People and their families were supported to raise issues and concerns, which were listened to. Relatives said they had not had to complain but knew how to. The registered manager said there had been no formal complaints since 2015. They said they welcomed feedback and would also ensure they took action to address any concerns or complaints if they arose.

We looked at how provider complied with the Accessible Information Standard. This standard is a framework which came into effect in August 2016 makes it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. Everyone living at Burrridge Farm had a learning disability which had an impact on the means of communication. Staff were able to describe how they communicated with each person. This included communicating with people who had little or no verbal communication. Care records provided details of how each person communicated and was able to understand information. This included using objects of reference, body language, facial expressions, hand signals; gestures and key words for each person. One person's care plan

stated 'My verbal communication is very good. I am able to read and write to a good level. I have a communication board in my room and a wallet for when I am out and about.' Staff described how important it was to not overload the person with too much information as this made them anxious.

The service worked with other professionals to improve communication and promote people's independence. People were also supported to use tablets and computers to support communications with family and loved ones.

Is the service well-led?

Our findings

The home had a quality assurance and governance system to ensure that people received safe and good quality care at Burridge Farm. However audits and checks had not identified issues we found during the inspection. These included that recruitment processes were not fully robust in ensuring that people were cared for by staff who had been checked as appropriate to work with them. Although checks were carried out to monitor the safety of the home, these had not identified that the water temperature in one bathroom was above a safe level or ensured that radiators were covered to reduce the risks of people getting scalded. Immediate action during the inspection was taken to address these concerns. The registered manager also said they would review their audit checks to ensure that similar issues were identified more quickly in future.

Other audits and checks were undertaken to monitor the environment and the care delivered. These included checks on maintenance and equipment, fire safety, medicine administration and records. Where checks and audits identified errors or concerns, there was evidence that appropriate actions were taken to address them.

One of the providers visited the service several times each week to check with the registered manager and staff that there were no particular issues. Once a month they undertook a formal quality assurance visit to monitor the quality and safety of the home. There were records of these visits and the actions that were undertaken to address any concerns and issues.

An annual quality survey was sent to people, their families and professionals to gather feedback on their opinions about what the service was doing well, what not so well and how the service could improve. The responses were analysed and fed into how the service planned to improve in the future.

There were regular staff meetings where staff were encouraged to question practice, make suggestions for improvements and raise concerns. There was an open learning culture, which staff said allowed them to reflect on incidents and accidents and consider ways in which the risks or recurrence could be reduced. The service also worked in partnership with staff in health and social care organisations to support people using the service.

There was a manager at the home who had been registered with the Care Quality Commission (CQC) since January 2014. 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. The registered manager understood their responsibility to submit notifications and other information to the CQC as required. A notification is information about important events, which the service is required by law to send us. The registered manager had contacted us appropriately to discuss concerns and issues. This showed they were open and transparent.

The provider organisation had a clear vision and strategy to deliver high quality care and support to people

with learning disabilities and/or autism. The provider's statement of purpose described how this was based on providing 'full and comprehensive support while still helping them to promote their own independence and retain their freedom and right to choose.' The registered manager and staff understood the aims and objectives and demonstrated their commitment to supporting people to achieve this. The registered manager was supported by a deputy manager as well as other senior care workers. Staff were very positive about this management team. One member of staff described how there was an "open door" and how the home had an atmosphere that was "so caring, really lovely feeling." The registered manager and the senior team spent time in the home working alongside staff and people, acting as role models when delivering care. Staff were observed working together in a very positive manner, discussing with the registered manager and senior staff how best to support people. Members of the senior team were encouraged to complete a higher level qualification to support their knowledge and understanding of leading teams.

The home promoted diversity and equality in their workforce. The service had policies to meet the needs of staff and people with protected characteristics under the Equality Act 2010. Records showed that these had been followed when recruiting staff and supporting people.

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 Recruitment processes were not robust as checks on new staff had not identified issues found in the inspection. Staff were allowed to work in a supervised capacity before any Disclosure and Barring Service (DBS) validation had been received. Regulation 19 (2)(a) (3)(a)