

Crispin Homes Limited

Newland House

Inspection report

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15 June 2017

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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

We inspected this service on 14 and 15 June 2017. Newland House provides personal care and accommodation for up to 30 people. On the day of our inspection 20 people were living at the service.

At our last inspection in June 2015 the service was rated Good overall and Good in each of five domains. At this inspection we found that the service remained Good for being effective, caring and responsive. We however identified concerns around medicines, risk management and therefore the service was not consistently well-led.

Throughout our inspection the atmosphere at the service was open and friendly. Staff displayed a transparent and honest culture and they were committed to deliver good service to people.

There was a new manager in post who was registering with the Care Quality Commission to become the registered manager. 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 felt safe living at Newland House. People's relatives told us they felt the service was safe. Staff were aware of their responsibilities in keeping people safe from harm and knew how to raise safeguarding concerns. People were supported by sufficient staff to keep them safe and the provider ensured safe recruitment practices were followed. Staff training was ongoing and the records confirmed staff received supervisions and probationary reviews.

Risks to people's well-being such falls, mobility, malnutrition, moving and handling or skin damage were identified and recorded. We however found there was not always evidence available that people were protected from a risk of harm. We also found concerns around medicines management.

People and their relatives complimented the compassionate nature of staff. On the day of our inspection we saw examples of kind and caring interactions that demonstrated staff knew people well. People's dignity, privacy and confidentiality were respected. People were offered a range of activities to join if they wished. There was a new activities co-ordinator in post and they planned to further enhance opportunities for people to enjoy meaningful activities.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported to have maximum 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.

People were supported to maintain good health and access health professionals. Staff ensured people were

encouraged to meet their nutritional needs and people complimented the food.

People were assessed prior to coming to live at Newland House. People's care files gave details of the level of support required and people's wishes and choices. The service responded to people's changing needs. People and their families were involved in their care planning and reviews.

Provider used various audits to monitor the quality of the service. Whilst some of the audits were effective we found a lack of consistency in how well the service was led. The provider used learning from accidents and incidents to review their practices and to improve the experience for people. The management were open and acknowledged that there were areas that needed addressing. They welcomed our inspection and were open to our feedback. The new manager demonstrated commitment and enthusiasm to further improve the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of 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?

Requires Improvement 

The service was not consistently safe.

People were not always protected from the risk of harm.

People's medicines were not always managed safely.

People told us they felt safe at the service

There were sufficient numbers of staff to keep people safe.

Is the service effective?

Good 

The service was effective.

People received support that met the requirements of the Mental Capacity Act (MCA) 2005.

Staff received training relevant to their roles and regular supervision sessions.

People were supported to maintain good health and were supported to access healthcare services if needed.

Is the service caring?

Good 

The service was caring.

People and their relatives commented positively about the support provided by staff.

Staff were aware of and understood people's needs.

People's privacy and dignity was respected and staff were aware of confidentiality issues.

Is the service responsive?

Good 

The service was responsive.

Care records reflected the level of support people needed and people were involved in the care planning process.

Information about people's social interests and hobbies was available to staff.

Complaints were managed in line with provider's policy. People knew how to raise any concerns.

Is the service well-led?

The service was not consistently well-led.

There were systems to monitor the quality of the service however we found a lack of consistency in how well the service was led. The new manager demonstrated the commitment to improve the quality of the service.

The provider informed us of notifiable incidents in accordance with our regulations.

Staff were aware of the whistleblowing policy and how to escalate any concerns about people's well-being.

Requires Improvement 

Newland House

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 and to look at the overall quality of the service.

This inspection took place on 14 and 15 June 2017 and the first day was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their 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 the information the Care Quality Commission (CQC) holds about the service. This included notifications of significant incidents and complaints reported to CQC since the last inspection. Notifications are changes, events or incidents the provider is legally required to tell us about. This ensured we were addressing any areas of concern.

Throughout our inspection we spent time observing care throughout the service. We spoke to eight people and three relatives. We also spoke with the manager, Quality Support Manager, deputy manager, three care staff, activities co-ordinator and the chef. We looked at five people's care records, twenty people's medicine records, eight people's topical medicines records and five staff files including their training and supervision. We also viewed various policies and records relating to the management of the home. Following the inspection we contacted a number of external health and social care professionals to obtain their views about the service.

Is the service safe?

Our findings

We identified the following concerns around medicine management. One person was receiving their medicines covertly (in disguised form) but there was no detail how the medicines were to be administered (e.g. disguised in a food or drink). Pharmacy had not been consulted in relation to the appropriateness of the method of administering covert medicines; this was not in line with NICE guidance on Medicines Management in care homes and the provider's policy. The policy stated, "The way in which the medication is to be disguised must be described in detail and adhered to at all times" and "As part of the assessment there must be liaison with the pharmacist".

We found records relating to the administration of medicines were not always consistent. For example, one person was prescribed a pain relieving medicine to be applied topically (on the skin). The record relating to the application of the medicine identified that the application had been completed by staff during the afternoon. However, the medicine record was signed to say the medicine had been administered in the morning. Other topical medicine(creams) records contained no detail in relation to the administration. For example; two records stated: "Apply as directed", one stated: "Use as directed" and another one stated: "Apply thinly twice a day as directed". There were no body maps to guide staff where to apply the topical medicines. This meant there was a risk the topical medicine could be applied not as prescribed. We also found there were no carried forward balances recorded so it was not possible to check the medicine stock balances.

Where people were prescribed medicines that required specific guidance to be followed when being administered; the guidance was not always available on the MAR or the medicine packaging. The member of staff administering medicines on the day of inspection was however aware of the specific instructions. The protocol for another medication for one person did not include all the instructions that were specified in the care plan. This meant the person could be exposed to a risk due to this information not being easily available.

People's care plans contained risk assessments which included risks associated with: the use of stairs; moving and handling; mobility; skin integrity; nutrition and behaviour. Where risks were identified we found management plans were in place. However, we found systems for monitoring people's conditions were not always effective. For example, one person was at risk of malnutrition. The person's care plan identified the person should be offered high calorie foods and stated "If asleep offer high calorie snacks. Record dietary food and fluid charts". The food and fluid charts showed the person did not meet their identified required fluid intake on any day over a two week period. There was no evidence of any action being taken in relation to the lack of fluid intake. Additionally this person's weight record showed they had lost weight between March 2017 and April 2017. There was no record to show the person had been weighed since April and no evidence of any action being taken in relation to the weight loss. This meant there was no evidence that this risk was being managed to protect the person from a risk of harm.

Another person was assessed at high risk of pressure damage and required repositioning "Every two to four hours". The repositioning record showed the person was not being turned in line with this guidance. This

meant there was no evidence the person was supported in line with their care plan.

Where people were at high risk of experiencing falls this was identified and care plans gave guidance on how the risk would be managed. However, people were not always supported in line with their care plan. For example, one person had experienced several falls. The care plan stated the person should be checked regularly. There was no record of regular checks being completed. We could not be sure this person was being supported in a way to minimise the risk of falls.

The provider had a maintenance system in place that gave guidance around various safety checks and how often these should be completed. We viewed the file and found that all checks were always promptly completed. For example, the records stated that the emergency lighting should be checked monthly and the records made available to us during the inspection showed this was not completed every month. Additionally there was no evidence of 'monthly fire extinguishers check' since February. We raised this with the management who told us they were going to address this immediately.

These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored safely. The medicine room and medicine fridge temperatures were checked and recorded. The records showed all were within the safe limits. There was an authorised signature log at the front of the medicine file. Staff responsible for administering medicines received regular medicine competency checks. There were 'as required' (PRN) protocols for all prescribed PRN medicines that gave guidance to staff how to assess if a person needs their 'as required' medicine. People told us staff supported them with taking their medicine. One person said, "I take them (tablets) at lunch time and when I wake up the staff watch me take them".

People told us that they felt safe. One person said, "I just feel safe". Another person said, "Oh gosh yes (I feel safe), I feel at home here". One relative told us, "[Person] is safe, warm and well fed".

The provider had safeguarding policies in place and staff were aware of their responsibilities in relation to escalating any safeguarding concerns. Comments from staff included, "Manager or head office would be my first point of contact" and "I'd raise (any concerns) with the manager or go to head office". The management made referrals to the local safeguarding team when needed.

There were sufficient numbers of staff to keep people safe. The manager told us they were actively recruiting into the staffing vacancies. Until these were filled, temporary staff were provided by agencies to ensure the required staffing numbers were in place. We viewed the rotas and we saw the expected staffing numbers were achieved. Throughout the inspection staff responded promptly to people's requests for support. Staff were not rushed and had time to sit and speak with people. When we spoke with staff about staffing levels we had the following comments, "We've pulled together as a team (to cover any shifts)", "We're trying to recruit at the moment, we have a lot of agency lately, most of the agency staff know people and they've been here before" and "We use agencies (to provide temporary staff), (our) staff are incredible, they'd move around annual leave or swap a shift, senior staff did some extra shifts and night shifts".

The provider followed safe recruitment processes. Staff files contained the required pre-employment checks. This included references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Is the service effective?

Our findings

People were supported by staff that had the right skills and knowledge to carry out their roles effectively. The manager and the Quality Support Manager maintained an ongoing staff training plan and ensured that staff attended training sessions. Records showed and staff told us they needed to complete an induction programme when they started. The training provided included safeguarding, moving and handling, health and safety, information security, care planning and equality and diversity.

Staff complimented the training received. One staff member said, "Training was really good, some e-learning (on computer) and some in house, like first aid, fire awareness. I am definitely confident in this role". Another member of staff said, "Training is good here, we've had dementia training, all sorts of training". On the day of our inspection we observed the manager scheduling further care planning training to ensure staff had the right skills and knowledge to write and review people's care plans.

Staff told us they felt well supported and we saw records of regular supervision being carried out in line with the provider's policy. We also saw that new staff had regular probationary reviews meeting to discuss the progress and to sign off the induction. Staff complimented the support received. Comments included, "(I get supervision) about every two months, I am due another one. I can say my opinions and I feel they're worth doing" and "Very supportive (team)".

Staff supported people with meeting their nutritional needs, including people who were assessed as being at risk of malnutrition. People told us they enjoyed the food and had enough to eat and drink. Comments from people included: "Yes, I enjoy it whatever I eat", "The food is first class here" and "The food is good and we get a good choice and no I don't have a favourite meal I eat everything and I never get hungry at night".

People received food and drink to meet their specific dietary requirements. For example, one person had been assessed by Speech and Language Therapy (SALT). The assessment guided staff to provide a pureed diet and thickened fluid. We saw the person received food and drink to the correct consistency. We observed the lunch service and saw it was a positive experience. Where people were on soft or pureed diets the chef used food moulds to present each item of the person's meal in the shape of food it represented. For example, moulds in the shape of a carrot. This made the food more appetising and meant it was easier for people to identify what they were eating.

People's health needs were monitored and staff supported people to ensure these were met. Staff were attentive to changes in people's health and supported people to contact professionals when required. One person told us, "Yes, the GP comes here and the chiropodist comes and does my toe nails and the manager took me for my eye test". People's records showed they had access to a range of health and social care professionals. This included Speech and Language Therapists (SALT), district nurses, dental services, chiropodist and care home support service (CHSS).

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 Mental Capacity

Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's records contained mental capacity assessments in relation to decisions about their care. Where people were assessed as lacking capacity there was a record of a best interest process being followed. For example, one person was assessed as lacking capacity to consent to taking their medicines and declined to take them. A mental capacity assessment indicated the person lacked capacity and a best interest process had agreed to the medicines being given covertly.

Applications for the Deprivation of Liberty Safeguards had been submitted to the supervisory body when required. However, we found that a DoLS authorisation had expired for one person and a new application had not been submitted. We spoke to the manager and they told us they would put in an application immediately and after our inspection they confirmed they had.

Throughout the inspection we saw people were supported in line with the principles of the Act and were encouraged to make choices relating to all aspects of their care. For example, where they would like to spend their time, where to sit and what they would like to eat. Staff were aware of the principles of the MCA. Comments from staff included, "We always need to assume people have got capacity. You can give people selection of answers, still offer choice things, but less choice (to make it easier for them so make own decisions)" and "It's remembering people should be able to make own decisions. For example, people who can will get the code for the main door, if they've got no capacity (to understand this) we will assess them as we're taking their liberty away".

Is the service caring?

Our findings

People complimented the compassionate nature of staff. One person said, "I love it, they're angels here, they're so kind". Another person said, "All really lovely people (staff), first class". One external professional told us, "(Staff are) so caring, so lovely". One relative told us, "Girls are lovely".

Throughout the inspection we saw staff supporting people with compassion and understanding. For example, one person was walking around for a long period of time. It was clear the person was becoming tired. A member of staff approached the person, engaging them in conversation. The member of staff recognised the person's reason for walking and reassured them that all would be well if they sat down. They supported the person to sit in a chair and sat with them holding their hand and reassuring them. The person was clearly reassured by the interaction as they patted the member of staff's hand and smiled in response to them.

People were treated with dignity and respect. For example, we observed a member of staff asking a person if they could borrow a small table that was at their side. The member of staff took time to explain why they needed it and reassured the person they would return it as soon as they had finished. The member of staff ensured the person was happy with the arrangement and ensured they returned the table as promised. On another occasion an agency member of staff was asked to support a person with personal care. We observed another member of staff introduced the agency staff to the person, explained who they were and asked if the person was happy to be supported by the staff member. The person smiled and agreed and was supported to return to their room.

People benefitted from developing caring relationships with staff. One person said, "The staff are good very sympathetic". Staff spoke about people with respect and they were motivated and committed to deliver good service to people. Comments from staff included: "I just love it here, I can't see myself working anywhere else" and "It's more like a second home, we're so family orientated. We (staff) work in people's home and our job is to make sure they're happy and well looked after". One external professional told us, "You often see staff sat talking to people and it's lovely".

People were involved in decisions about their care and support. Staff involved people in decisions about their care and offered choices. One person told us, "I have a shower as and when I want". Care plans showed that people were involved in their care and where appropriate relatives were also involved in decisions being made.

People's relatives and friends were able to visit them without any restrictions. Throughout our inspection we observed relatives visiting people that used the service. One person told us, "I have two daughters and they come and see me once a week and they can come and go as they please". People were encouraged to bring their own furniture and belongings and personalise their rooms. One person told us, "I brought my bed from home, it's very comfortable".

The service occasionally provided support to people at the end of their life. People and their relatives had

been involved in completing an end of life care plan. For example, one person's care plan identified that they wished to remain at Newland House, the music they would like to be played and the flowers they would like in their room. On the day of our inspection no people were receiving end of life care.

Is the service responsive?

Our findings

People's needs were assessed before moving into the service and were used to develop care plans that gave guidance in how their needs should be met. Assessments included information about people's histories, likes, dislikes and people who were important to them. Care plans also included a 'This is me' document that provided information to enable staff to know people and provide personalised care. For example; one person's care plan informed staff the person had been a professional dancer and continued to enjoy music and dancing. We saw staff using this information to recognise the person's anxiety to be mobile and encouraging them to sit and listen to music. The provider planned to introduce electronic records soon. The management told us the new system was going to reduce the time staff spend completing records and would mean people's records would be less bulky and user friendly. One member of staff told us, "I've seen the tablets that will be used for the new system and it's going to be amazing, our documentation needs bringing up to a scratch a bit".

People were encouraged to maintain and improve their independence and the service responded well to people's changing needs. For example, one person following a stay at the hospital had returned to the service with a hoist aimed to support them with transfers. The person was determined to be independently mobile again. The person's care plan showed the person had been supported to walk with their walking frame. During the inspection we saw the person standing without a hoist and walking with their frame. Records showed the person had been referred to and visited by the care home support service nurse that had assessed the person's mobility and agreed the equipment was no longer needed. One member of staff told us, "We encourage people to be more independent but make sure the benefit of activity outweighs the risks of doing it".

People and their relatives told us the service provided met their needs. One person said, "They look after me lovely". A relative told us, "They (staff) sometimes leave [person] in bed and [person] is happy to be left in bed. If she is they come and turn her every two to three hours".

People had opportunities to engage in various activities such as painting, knitting, jigsaw, quizzes, sing-a-long and various arts and crafts. There was a new activity co-ordinator in post that planned to further enhance social activities for people. They recognised people would benefit from encouraging them to actively participate in tasks such as sorting out laundry, folding tea towels, baking and cooking. The management told us they were in the process of recruiting an additional activity co-ordinator so people had stimulation seven days per week. People told us they could choose how to spend their time and respected people's choice not to participate. Comments included: "I can go into the garden anytime" and "I like the people I see I've been here for years and I don't bother with too many people". On the day of our inspection we saw the activity coordinator engaging people in a range of activities. This included manicuring a person's nails and encouraging people to spend time in the garden. During the afternoon several people enjoyed spending time in the garden. We heard chatting and laughter coming from the gathering. People were excited about the prospect of enhanced activities. One person told us, "I should be able to do some of the activities now we have a new activities coordinator which will be good for me". A member of staff told us, "More activity staff will help, even with things like peeling veg or something, people are keen to do it and

we'll able to accommodate this".

Information how to complain was available to people. People told us they knew how to raise concerns. One person said, "No never made a complaint no need and if I did it would be to the manager". We viewed the complaints log and saw when a complaint was received it had been responded to accordingly to the provider's policy.

People and relatives had opportunities to provide feedback about the service and their views were respected and considered. For example, people had reported that the call bell alarm was too invasive and loud. The management told us they were in a process of getting a new call bell system for the service that was due to be implemented soon. One relative told us, "Yes, we have relative meetings every two to three months and they tell us if anything's happening and we can give our point of view and they act on what we say every time".

People had opportunities to complete surveys. This year's survey had been sent out and the head office team were going to collate the results and send these to the manager at Newland House alongside any action that needed completing. We saw the copies of the surveys carried out last year and the comments around care were mainly positive, the two areas identified for improvement were food and activities and the management were in the process of addressing these.

When the senior management identified changes to the service management and potential implication of this they offered two drop-in sessions to people and relatives. These were held a few weeks before our inspection. The management shared with us the copy of the invitation sent to relatives and carers. We saw the aim for these sessions were to discuss any concerns that people might have and share the plan of how the provider planned to improve the home. The invitation also provided information about the successful employment of the new home manager and the support they would receive. The Quality Support Manager told us the sessions were well attended by the majority of the relatives. This meant the provider was proactively addressing concerns that people could experience due to temporary unstable home local management.

Is the service well-led?

Our findings

The provider had systems to ensure that various aspects of the service delivery were being monitored. These included various audits carried out by the local home's management and audits carried out by the Quality Support Manager. These covered areas such as care plans, medicines, health and safety and infection control. Additionally a Clinical Snapshot Audit was carried out by the Quality Support Manager, this audit was in line with the five domains as our inspection regime.

We found some audits were effective and identified areas for improvement. For example, the lack of carry forward balances on medicines had been identified by a 'snapshot audit' carried out by the Quality Support Manager. Another audit identified that a DoLS application was unnecessary requested for one person. Staff identified the person had capacity to understand the decision. We saw mental capacity assessment was carried out to record this and staff liaised with local authority DoLS team to get the record updated.

We however found a lack of consistency in how well the service was led and that some audits were not always effective. For example, the issue around lack of instruction surrounding covert medicine was not identified. We saw the medicines audit completed at the end of May 2017 that stated there were "no residents receiving their medicines covertly". Additionally one person had been identified to be at risk and subject to wellbeing checks. We saw an action plan that stated the wellbeing checks were implemented and this action was marked as completed on 6th June. On the day of our inspection we found there was no record of wellbeing checks being carried out for this individual.

Accidents and incidents were recorded and appropriate action was taken when needed. For example, people were referred to professionals, additional equipment was implemented or a review of medicines was requested. The manager had a system to monitor accidents and incidents on monthly basis and they planned to introduce a more comprehensive analysis tool that would capture more details surrounding the accident.

Following the departure of the last registered manager earlier this year the service was supported by interim managers. The new manager had only started a month before our inspection. They were in a process of registering with the CQC to become a registered manager.

Staff praised the input and support received from the head office over the past few months. Comments from staff included, "Changes of the management put pressure on us, head office supported us during that time, (the changes) did not really affect the team" and "I love the company, they're the reason I am still here. They're pumping a lot of support in here. If you need them (head office staff) they're available any time of the day, they want to know if we're struggling". Staff felt that the manager would settle well into their new role. One staff member said, "With the new manager it will be OK". The new manager was supported by the deputy manager and by the provider's HR Manager and Quality Support Manager. They told us, "Really smooth transition. (I spent) few days at the head office and had a tour of other (provider's) homes". The new manager felt well supported and was enthusiastic and committed to improve and sustain the quality at the service

The provider used learning from incidents and accidents to improve the service to people. Following a recent incident that involved an agency staff member the management reviewed a number of policies and procedures. This included: 'Use of Agency Workers' policy, 'Wheelchairs' policy, 'Induction' policy that included implementation of a more comprehensive site induction policy for agency workers. We saw both the old version and the new version which was much more in depth and covered various areas such as a full tour of the building, use of equipment and emergency procedures. The provider also worked with the agencies that provide temporary staff to ensure that they received detailed information of staff qualifications and training completed by staff. We spoke to one agency worker who was allocated to work at the service on the day of our inspection and asked them how they found the induction received. They told us, "It was my first shift today. One of the seniors went with me through the induction pack, quite a few pages, and showed me around. I was introduced to one of the home's staff to work alongside them. Very organised, they also gave me the list of all service users and marked those I was going to assist. Very helpful and ever so friendly to me".

We also found the provider was proactive in addressing concerns. For example, as they had identified an increased need for the use of agency staff, the management had made a decision not to accept any new admissions until more permanent staff were recruited. The management told us they had a recruitment fair planned for the weekend after our inspection to attract more candidates.

People's relatives complimented the service and praised good communication they had with the team at Newland House. One relative said, "They (staff) are really good if [person] has the slightest cut or graze they call me and tell me, the slightest problem they call me. I think the staff here are excellent". Another relative said, "[Person] is settling in well, we've been recommended this place by another relatives who had family here".

The team promoted an open, transparent and honest culture which was visible on each level of the organisation. The management ensured we had access to any records we needed to view and they were open and honest and acknowledged the areas for improvement. Staff were happy to speak to us. One member of staff told us about their experience during their induction when they attended 'Brand' training at the head office which was completely different to what they expected. The member of staff told us they thought this was going to be about the company's logo and colour of staff uniforms but it turned out to be so different. They told us, "It was all about little things that make the difference to people, the trainer had a lot of pictures of people enjoying interactions with staff and I felt really uplifted. They (trainer) told us Care Quality Commission (CQC) are there to make sure we're doing our job".

Staff were encouraged to attend staff meetings. We viewed a sample of the minutes and noted areas such as whistleblowing, staff responsibilities and policy updates were discussed. Staff were aware of their roles and responsibilities and they complimented the team work. One member of staff told us, "Really good team, never worked in a place where people are so committed, they (staff) would cancel their own appointments to cover shifts".

There was a whistle blowing policy in place that was available to staff. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected any abuse. Staff knew how to report and escalate any concerns outside of the organisation. One member of staff said, "I'd contact safeguarding team, or the Police for some issues or Care Quality Commission (CQC)".

The provider ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission (CQC) of notifiable incidents. The team at the service worked closely with the local safeguarding and social workers' teams to ensure people were kept safe.

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 provider did not ensure people were protected from risk of harm. The provider did not always ensure proper and safe management of medicines.</p> <p>Regulation 12 (2)(b)(g)</p>