

Voyage 1 Limited

The Cedars

Inspection report

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Date of inspection visit: 28 May 2015
Date of publication: 30/11/2015

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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 28 May 2015 and was an unannounced inspection. This was the first inspection since the registration of the provider Voyage 1 Limited on 18 June 2014.

The Cedars is a care home which comprises of three separate bungalows. The Cedars provides accommodation and care for 14 adults who have multiple and complex learning and physical disabilities.

A new manager was in post and they told us they had submitted an application to register with the Care Quality Commission (CQC). 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 at risk because there were inconsistencies in the systems and arrangements to protect people from the spread of infection. Appropriate standards of cleanliness were not being maintained. Infection control policies and procedures were in place; however, these had not always been followed.

Summary of findings

During this inspection we found that staff had not always been recruited safely. This put people at risk of receiving care from staff who may not be suitable to work with people in a caring environment. Documents required to ensure people are safe to work in a care role had not been completed or acquired from prospective employees. Documents required were not in place for all staff. This put people at risk of receiving care from staff that may not be suitable to work with people in a caring environment.

People had care plans in place that told staff how people preferred their assessed needs to be met, however, care plans not been updated since the registration of the new provider in June 2014 so may not be meeting peoples' current needs.

A complaints procedure was available for any concerns and relatives and people were encouraged to feedback their views and ideas into the running of the home. However, the complaints procedure required to be updated.

Staff carried out appropriate checks to make sure that any risks to people were identified and appropriate risk assessments had been put in place to minimise risks to people.

Staff had followed legal requirements where there were restrictions in place on people's care to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way.

Staff were aware of their responsibilities in relation to safeguarding people from abuse and they knew the processes to be followed in such an event. People's care would not be interrupted in the event of an emergency and people needed to be evacuated from the home as staff had guidance to follow.

Staff were provided with training; specific to the needs of people. This helped them to carry out their role in an effective way. It was evident staff had a good understanding of the individual care and communication needs of people.

People received their medicines in a safe way. People were encouraged to eat a healthy and varied diet and were involved in choosing the food they ate.

People were supported to keep healthy and had access to all health care services. Professional involvement was sought by staff when appropriate.

Staff supported people in an individualised way. They planned activities that meant something to people.

Staff felt supported by the manager and the provider and had the opportunity to have regular team meetings and one to one supervisions with their line managers.

During the inspection 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 the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not fully safe.

Staff were not always recruited safely, the appropriate checks were not undertaken to help ensure suitable staff worked at the service.

People were at risk because the arrangements in place to prevent and control the spread of infection were not being followed.

People felt safe living at the service. Staff were aware of what abuse was and the processes to be followed when abuse or suspected abuse had been identified.

Medicines were administered and stored safely.

Requires improvement



Is the service effective?

The service was effective.

People were involved in decisions about their meals.

Staff received appropriate training and were given the opportunity to meet with their line manager regularly.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Good



Is the service caring?

The service was caring.

Staff showed respect to people in a way that upheld their dignity.

People were encouraged to be independent and supported by staff in a caring way.

Good



Is the service responsive?

The service was not fully responsive.

Information about how to make a complaint was readily available at the service but this required updating.

People were able to go out and take part in activities that interested them.

Where people's needs changed staff responded appropriately.

Risks to people had been assessed based on their individual care needs to help minimise the risks and help keep people safe.

Requires improvement



Summary of findings

Is the service well-led?

The service was not well-led.

Care plans had not been reviewed since June 2014.

Audit checks for the cleaning of the service were not effective.

Staff felt there was an open and supportive culture that enabled them to speak up about any issues or concerns. Staff felt they were supported by the manager. There was open communication within the staff team and staff felt comfortable discussing any concerns.

Requires improvement



The Cedars

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 inspection took place on 28 May 2015 and 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 our inspection we reviewed the information we had about the service. We did not ask for a PIR (provider information report) as we brought this inspection forward due to the concerns we had about the lack of a manager for the service. The PIR is information given to us by the

provider. This enables us to ensure we address potential areas of concern. We had not received any notifications from the provider. A notification is information about important events which the registered person is required to send us by law.

We observed people in the communal areas and staff interaction with people. We had discussions with six people who used the service and observed interaction between people and staff. We read care plans for three people, medicine administration records, mental capacity assessments for people, four staff recruitment files, supervision and training records, audits undertaken by the provider, minutes of resident meetings and staff meetings, and a selection of policies and procedures. We had discussions with six members of staff who were on duty and the manager.

This was the first inspection of the service since the new provider registered with the Care Quality Commission in June 2014.

Is the service safe?

Our findings

One person we spoke with said their bedroom was clean.

People living at the service were not safe because the systems and arrangements in place to protect people from the spread of infection were not effective. We noted in one bedroom that a bed had not been properly cleaned. The mattress had bodily fluid stains on the mattress. In a second bedroom the commode had not been properly cleaned. There were bodily fluid stains around the seat and covers on the side of the commode. This meant that the person who used this commode was a risk of infection. We also noted that the seating on the dining room chairs were cracked and worn making them difficult to keep clean.

There was a designated lead person for infection control; however, they were not on duty at the time of our visit. The provider had an infection control policy which staff told us they had read. We saw that staff had attended training in relation to infection control. This meant that staff were aware of the measures to prevent the spread of infection. For example, they were able to explain why and when protective clothing should be worn.

We asked what measures were in place to monitor the cleanliness and prevention of infection at the home. We were shown daily and weekly cleaning sheets and detailed guidance in relation to the cleaning. However, we found that the audit checks for the cleaning of the service were ineffective. We found issues in relation to the cleanliness of the service that had not been identified in the audits. For example, week commencing the 18 May 2015 the weekly cleaning schedule stated that the commodes should be cleaned; these had not taken place for that week. The week commencing 25 May 2015 the schedule had been signed to signify that the commodes had been cleaned however; we identified one commode that had stale stained bodily fluids. We found similar issues in relation to the cleanliness of two bedrooms, a bedframe and carpets.

We noted in the communal areas of the bungalows that items such as disinfectant, polish and floor cleaners had not been locked away. These could pose a risk of harm to a person as they were freely accessible. The laundry rooms in each of the bungalows also presented a risk as they were not locked and could be accessed by any person and similar cleaning items were also stored unsecured in these rooms.

Other areas of the accommodation were homely, with no unpleasant smells. The accommodation was decorated with attractive pictures and pieces of art chosen and/or made by people who used the service. There were scuff marks on the walls caused by the use of wheelchairs. We were told that the maintenance people were looking for solutions such as padding on corners.

The systems for the prevention of the spread of infections were inadequate and were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that when they applied for a post at the service they had to provide the names of referees, proof of their identification and had a Criminal Record Bureau (CRB) check, now a Disclosure and Barring Service (DBS) check undertaken. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or people. The provider had a recruitment policy that should be followed when recruiting new staff to work at the service. We looked at the recruitment files for four staff. We noted that not all the required documentation as required in Schedule 3 had been obtained in respect of staff working in the service. We noted that one did not have an application form, one did not include any references and one had no recorded reasons for the gaps in their employment. The manager told us that these staff had been employed prior to this provider registering with the CQC. The operations manager informed us they had not realised this issue and would address them.

We recommend that the provider ensures the recruitment files of staff employed by the previous provider are reviewed to ascertain if all the documents as stated in schedule 3 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 have been obtained.

We found a sufficient number of staff deployed to meet the needs of people. The manager told us that people's needs had been assessed to ascertain how many staff they needed. During our visit we noted that there were three members of staff in each bungalow which included a senior member of staff. The duty rotas confirmed the number of staff deployed on each shift as stated by the manager. Staff told us they felt there were sufficient numbers of staff on duty each day. They told us, and we saw that other staff were employed to transport people to their external

Is the service safe?

activities such as day centres. This included any activities people undertook. When people went to external activities there were sufficient staff to support those people who remained.

During observations we saw staff talking to people in a respectful manner and they were able to understand people's communication method or body language when they responded to them.

Staff were knowledgeable about their responsibility should they suspect abuse was taking place. Staff we spoke with were knowledgeable about safeguarding and the reporting process to be followed if suspicions of or actual abuse had occurred. They were aware of the different types of abuse. Staff told us they had received training in relation to safeguarding adults. One member of staff told us this training also included whistle blowing. They said they had never had to whistle blow and stated, "I have confidence that it would be well-received if I had to whistle blow." We saw on the training programme provided that staff had received training in relation to safeguarding adults.

The service had a safeguarding policy and staff confirmed they had read and understood the policy. A copy of the local authority's safeguarding procedures was also available that included the contact details for the local safeguarding team.

In each of the bungalows we saw the safeguarding contact details displayed. There were also posters about 'see something, say something' displayed on the noticeboards so people, staff and visitors to the service could read and know what to do if they saw anything untoward happening to any of the people living at the service. On the main office door there was information from the local safeguarding authority entitled 'stop abuse now' and gave clear guidance about how to report concerns. We also saw a policy in relation to harassment that provided guidance for staff.

The premises were secure and entry to each bungalow was through a bell system. All visitors to the service had to sign when entering and exiting the premises. This meant that people were kept safe as unknown people were prevented from entering the premises.

Risk assessments had been undertaken that ensured people could access meaningful activities such as attending day centres. Other risks to people had also been assessed. For example, people had risk assessments in

place for nutrition, different types of behaviours, wheelchairs, mobility, epilepsy management, accessing the community and travelling in the service vehicles. Risk assessments were written in accordance to people's individual needs. This meant that people's needs were assessed and appropriate measures were put in place to ensure they were able to maintain their freedom in a safe way. For example, when people went out to attend activities they were placed in appropriate seating with seat belts and other safety devices to ensure their safety during the journeys.

Fire safety arrangements were in place to be used in the event of an emergency including a fire risk assessment.

Environmental risk assessments were undertaken. For example, in relation to the use of hot water and window restrictors to help keep people safe.

Disruption to the delivery of care to people would be minimised during the event of an emergency. The service has a business contingency plan in place that defined how the service would be run in the case of adverse weather conditions, a fire, emergency evacuations and IT systems failures for example. Alternative accommodation was available in the event of the premises having to be fully evacuated at other locations managed by the same provider.

Medicines were administered to people safely. Medicines were stored securely in lockable medicine trolleys that were kept in locked cupboards. Only senior staff held the keys to the medicines. We looked at a sample of the printed medicine administration record sheets (MAR). We saw these included a photograph of the person, the quantity of medicines received and the times for administering medicines. The photographs meant that staff could clearly identify the person to help prevent errors. We noted that there were no omissions in these records. We saw that the MAR records were audited and daily stock checks of medicines were recorded. Medicines returned to the pharmacy were also recorded. We saw people being given their medicines in a safe way and staff only signed the MAR records when administration was completed. Medicines were administered to people safely. We observed medicines being given to two people. These were placed together in a pot for the person to swallow with a drink. Staff administering the medicines told the person what their medicine was for and explained every step taken until the administration had been completed. People's care

Is the service safe?

plans described the way people preferred to take their medicines. Staff were able to explain the correct medicines procedures and why it was important to support people with their medicines in a safe way.

We saw the provider had written individual PRN [medicines to be taken as required] protocols for each medicine that

people would take. These provided information to staff about the person taking the medicine, the type of medicine, maximum dose, the reason for taking the medicine and any possible side effects to be aware of. This meant that people would receive their PRN medicines in a consistent way.

Is the service effective?

Our findings

The manager and staff told us they had received all the basic training as required by the provider and that new staff received an induction prior to commencing their roles. This is training that supports staff in their roles.

People received support from staff who had the necessary skills. We were provided with a training programme that showed staff were up to date with their mandatory training. Other training they had received included equality and diversity, nutrition, autism awareness, person centred approach and communication. This meant that people were supported by staff who had up to date knowledge about how to provide effective care to people. For example, staff knew the importance of providing a healthy and balanced diet to people. Staff we spoke with told us that they were aware of the dietary needs of people. For example, some people had special plates and cutlery, some people had softened food and some required their food by a percutaneous endoscopic gastrostomy (PEG) feed. We observed one member of staff supporting a person who was on a PEG feed. Staff were sensitive throughout the process and kept talking to the person until the process was completed.

Staff were supported and kept up to date with training over the course of the year. Staff told us, and we saw evidence, they were receiving regular one to one supervision that provided the opportunity to review their performance or identify any training needs they may require. However, we noted that annual appraisals had not taken place in 2014. The manager told us they were aware of this. They told us this would be addressed after the twelve months since their registration of the service.

Throughout our visit we observed staff asking for people's consent before they did any activity with them. For example, one person was asked if they would like to help making lunch and evening meals. Another person was asked for their consent to have their medicines administered.

Staff had a good understanding of Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff told us they had received training in relation to (MCA and the DoLS. We corroborated this in the staff training programme. The DoLS provide a legal framework to restrict a person's liberty in specific circumstances. During

discussions it was clear that staff had a good understanding of the principles of the MCA and DoLS and the processes to be followed when making an application to deprive someone of their liberty was required to be made. For example, one member of staff described a 'Best Interests' decision made with the multi-disciplinary team regarding a person who has spinal injuries and is moved four-hourly during the night to prevent pressure sores. Another 'Best Interests' decision was made regarding two people whose wheelchairs are switched to manual use to keep them safe outdoors because they cannot always control their wheelchairs safely themselves. This meant that decisions were made in people's best interest.

We saw records of consent, mental capacity assessments, and Deprivation of Liberty Safeguards and best interest meetings during our visit. This meant that if people's freedom had to be restricted to keep them safe it would be done in consultation with others, in the least restrictive way, following legal guidance and authorised by the local authority.

People's communication needs and how staff should talk with them were identified. How people communicated was recorded in their care plans. For example, people communicated through the use of pictures, body language, facial expressions and use of photographs. This meant people were listened to and communicated with in an appropriate way.

People were involved in decisions about what they ate and drank. People had a good supply of drinks on offer during the day and people were often asked if they would like a drink. One person told us, "I was thirsty and I have just asked staff for a cup of tea." We saw staff bring the tea to the person. Staff told the person to be careful as it was hot and they sat with them whilst they drank it.

People were supported to have a balanced diet. Each week staff sat with people and used cards/photographs/visual aids to help compile a menu for the week. Staff said they showed people photographs of different foods to enable them to make a choice of what they would like to eat. Fruit was available for people to have if they wanted it. We asked people what the food was like at the service and if the food was good. One person told us, 'yes.' When asked what their favourite food was they stated, 'fish and chips.' A member of staff added that they sometimes get takeaway fish and

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chips at the seaside. They make trips to the seaside twice a week when the weather is good. The person's face lit up when we asked if they liked going to the seaside, they said, 'yes.'

We saw menus were freely displayed in the kitchens and included photographs of meals. Staff told us that people chose the meals they wanted to eat and they could change their mind and have an alternative at any time. We saw a menu plan that included people's choices of meals. The plans also recorded how people had communicated their choices. For example, direct eye contact, vocalisation, facial expressions and one person who would blow kisses. This meant that people were involved in the planning of menus and made every day choices about the foods they wanted to eat.

Staff identified risks to people in their eating and drinking. For example, there was information about what constituted healthy meals and what was not healthy for one care plan we looked at. Fluid intake charts were recorded as and when required and we saw this was in place for one person. Another person had information in their care plan that identified potential risks such as coughing during or after meals or drinks and actions to be taken if this occurred.

People had a health care plan in place that detailed the different health care professionals involved in their care. For example the GP, optician, community psychiatric nurse, dentist, district nurse or dietician. We saw records that evidenced people were referred to health care professionals as and when required. For example, one person had been referred to the Speech and Language Therapy team for advice in relation to their eating. Each person had hospital passports that included important information about them and their physical and mental health needs. We saw from the health care records that if there were any changes to people's health care needs staff had obtained guidance or advice from the person's doctor or other health care professionals. People were supported by staff to attend their health care appointments. The outcomes of people's visits to healthcare professionals were recorded in their care plans. This meant staff were given clear guidance from healthcare professionals about people's healthcare needs and what they needed to do to support them.

Is the service caring?

Our findings

Staff treated people in a considerate way. During our visit we saw staff working with people in a caring manner. Staff were gentle, patient and caring with people, and communicated well with them. We observed staff offering people choices. For example, when we arrived staff had asked a person if they were ready to get out of their bed. They stated no, so they were left to have a lay in. We noted that staff allowed time for people to make responses to their questions. People made choices about what they wanted to do, for example, their activities.

People were supported by staff who had a good knowledge of them. From the conversations we had with members of staff and our observations, we saw that the staff had an in-depth knowledge and understanding of the people's histories, likes, dislikes and communication styles. They knew how to attend to each person's care needs.

We saw that there was some portable sensory light equipment at the service and an air diffuser. Staff told us they played music CDs and the sensory lights interacted with the music. This showed us that staff helped people to relax in a calm environment.

Communal areas at the service were homely and smelled fresh. Art and craft work that people had created was displayed on the walls. For example, pictures, salt dough hearts and photographs. A collage of photographs displayed showed people taking part in different activities whilst interacting with others. This meant that people were encouraged to take pride and show the work they had made during activities with staff and others.

People were able to make their views known about how the home should run. Residents meetings had taken place. We saw minutes of these meetings had been produced using pictures, symbols and key words. This meant that

information was available in formats so all people could understand what was discussed in the meetings. We saw, for people whose complex needs restricted a verbal response, that 'happy faces' had been documented in the minutes to signify if named people agreed and 'sad faces' if they had disagreed with the discussions.

We saw staff asking people to make choices about their lunch, if they wanted drinks and the activities they wanted to do. Staff respected the choices people made.

People's privacy was promoted and their dignity was respected. Staff told us that they always knocked on people's doors and waited for a response before they entered. When we asked if we could look in some people's bedrooms we were told by staff that we would have to get the permission from the person, if the person said no then we could not go into their bedrooms. Staff told us they ensured that they maintained people's dignity at all times. For example, they would encourage people to keep themselves covered when walking or moving between the bathroom and their bedroom.

We saw, when one person had asked for help to get off their bed, that two members of staff went into the bedroom and closed the door prior to helping the person. We also saw one person was supported with their personal care in the privacy of the bathroom with the door closed. This showed us that staff respected the privacy of people.

People could make their own decisions. Throughout our visit we saw staff calling people by their preferred names and asking people for their views about what they wanted to do, where to go and the food they would like to eat. Choices were offered to people throughout our visit. For example, they were offered a choice of activities such as attending day centres, helping with meals and spending time attending to the garden.

Is the service responsive?

Our findings

There was a complaint policy available in the home. It gave information on how to make a complaint and how the service would respond. We saw copies of the complaints procedures displayed in each of the bungalows, however, these required updating as they referred to the CQC as an external body who would investigate complaints. It also had the name of the previous provider. The complaints procedure was in a format that people could understand. For example, it used pictures and symbols. It also included information on the expected time scales for responses and for the complaint to be fully investigated. People knew how to raise a concern or make a complaint. This meant that procedures were in place so people, their relatives and visitors could make a complaint if they needed to. The manager had a system in place for recording if complaints were received. We saw no formal complaints had been received in the home since the provider registered with the CQC.

Care plans reflected what care people needed. People's support needs and important information about their lives were recorded in their care plans. Care plans included a hospital passport. This is a document that includes useful information about the person should they need to go into hospital. There was information recorded in care plans about how people would like to spend their day. These were broken down into segments. For example, who people wanted to spend time with, daily decision making like what to wear, what to eat and people's preferred bedtimes. What people wanted to do in the morning, afternoon and evening time were also recorded. Care plans included information about behaviours and gave descriptions of different behaviours and the action to take to support people at these times. We saw in one person's care file information entitled, 'Support Plan'. This meant that staff were provided with important information about the person and guidance on how they would like their assessed needs to be met.

Activities were organised on an individualised basis. We saw a large number of minibuses and cars coming and going during our visit. We asked staff if the available

transport was sufficient to enable people to do the activities they choose to do rather than simply going along with the crowd. Staff told us that, as well as many staff members who drive, there is a designated staff member who only does the driving. Some of the people also have their own cars so not everyone went in the minibuses. We saw people returning from their activities. One person told us, "I'm going to the park and pub later." Activity plans were displayed in the hallways of each bungalow. A variable choice of activities were offered to people that included cooking, foot massage, music, yoga, daily living skills and hydrotherapy. During our visit we saw people having one to one time with staff. For example, one person was in the garden in their wheelchair whilst a member of staff was attending to the vegetable garden. The staff member was communicating with the person at all times discussing the garden and what needed to go where. We saw another person in the kitchen helping to prepare lunch. This meant that people were involved in activities throughout the day.

Where people's needs changed, staff responded appropriately. During our visit one person had a headache. The staff member who was with the person was very considerate, asking, "Can you show me where the pain is?" The member of staff made sure the person got help to relieve their headache. We also saw one person having a coughing episode. Staff told us this was because they were on a special type of diet and we saw the staff member attend to the person to alleviate the coughing episode. This showed us that staff were responsive to people's needs.

Some people who lived at the service used wheelchairs. All the accommodation was on one level which meant that people were able to move freely around the home using their wheelchairs. Every bedroom had a ceiling hoist. This was to support people who had varying levels of mobility. Corridors and doorways were wide enough for people in wheelchairs to be able to manoeuvre safely and unrestricted.

Staff told us that they would report any complaints to the manager. They stated that they would be able to tell if a person was unhappy through their change in moods, body language and/or their facial expressions. They told us that no one had made any complaints or raised any concerns.

Is the service well-led?

Our findings

There was a potential risk that people may not receive the care or support they required because care records had not been accurately maintained. Care plans we looked at had not been reviewed since June 2014.

The provider had undertaken an internal audit in relation to medicines, care plans and health and safety. The manager, from April 2015, had set action plans against the audits; however, the provider should have ensured the actions had been addressed since they had become registered with the CQC in June 2014. We found that the audits for the cleaning of the service and the reviewing of people's care plans were ineffective.

The service had not maintained accurate records for all people and systems to assess, monitor and improve the quality and safety of the service were not robust and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

The staffing structure at the home was a manager, deputy manager, team leaders and care staff. The manager and deputy manager cover any absences on the rota. During our visit we noted that the manager and deputy manager were clearly visible at the service and working with people and staff. We also noted that the operational manager and senior management staff had been present at the service. This meant that senior staff were available to provide support to staff and people at the service.

We were told that weekly checks were taking place on appliances used at the service; however, we noted that there were gaps in these. For example, bedrail checks and bumper safety checks were last carried out on 30 April 2015. Weekly vehicle checks were last conducted on 25 April 2015. Weekly inspection of slings was last carried out on 10 May 2015. The service was not following their own procedures in relation to the weekly monitoring of equipment at the home. This meant that people could be put at risk if the equipment used at the service had not been regularly monitored.

We recommend that the provider reviews the internal checks of equipment to ensure they are serviced as per the manufacturers' guidelines so that people were not put at risk of the equipment failing when being used.

Policies and procedures were in place to support staff. We saw the manager held a file which contained policies useful for staff. For example, whistleblowing policy, safeguarding information, the fire procedure, MCA and DoLS guidance. However, we did notice that some policies and procedures in the different bungalows had the name of the previous provider on them. This meant that the provider had not updated these since their registration with the CQC that would ensure staff were kept up to date and followed the current practice and guidance to minimise any risk to people.

Staff told us that there had been many changes to the management of the service, but since the current provider had taken over, progress was being made in relation to open communications with the management team. Staff said they felt supported by the manager. Staff told us they were supported to obtain qualifications. They told us they felt valued by the management and that they showed staff respect. One member of staff told us that they do everything from giving medication, supporting people at appointments, cooking, planning for and going on outings. They told us that the manager ensured their training was completed and up to date.

Staff were involved in the decisions about the home. Staff told us, and we saw records, that they were having regular staff meetings where they discussed matters about the home, people, staffing and training. This showed us that there was an open culture and staff were able to raise and discuss any topics they needed to.

Records of accidents and incidents were maintained. The manager told us that a monthly analysis of these was undertaken to identify any patterns. The manager told us that accidents and incidents were discussed during staff meetings so lessons could be learnt from these, therefore lessening the chance of repeat incidents.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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>Regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. Safe care and treatment.</p> <p>The registered provider had not ensured that care and treatment was provided in a safe way for service users. The registered provider had not assessed the risk of, and prevented, detected and controlled the spread of, infections, including those that are health care related.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 (2) (c) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. Good Governance</p> <p>The registered provider had not ensured that records of care and treatment provided to service users were accurately maintained.</p> <p>Systems to monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not robust.</p>