

The Community of St Antony & St Elias

The Community of St Antony & St Elias - 5 Priory Drive

Inspection report

5 Priory Drive
Totnes
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 28 June 2018. 5 Priory Drive was previously inspected in August 2015 when it was found to be 'Good' in all areas.

5 Priory Drive is a small care home that provides accommodation, personal care and support to a maximum of three people of working age who are experiencing severe and enduring mental health conditions. 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.

5 Priory Drive belongs to a group of homes owned by The Community of St Antony and St Elias. The homes all act as a community with group activities and group management meetings and oversight. At the time of the inspection the home was contracted to provide support to two people, one person was in hospital and was not available during this inspection.

The home had a 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 home is run.

We looked at the home's quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality and safety of the services provided. Although some systems were working, others had not been effective, as they had not identified the concerns we found during this inspection.

People were not always protected from the risk of harm because the systems in place to manage/ mitigate risks were not always effective. For example, people were potentially exposed to the risk of avoidable harm, because where staff had been provided with guidance to help reduce or minimise risks, information was not known by staff or followed. Whilst some premises safety checks had been completed, risks to people's health and wellbeing had not always been identified, assessed or mitigated.

We checked whether the home was working within the principles of The Mental Capacity Act 2005 (MCA). We found that where a person's capacity to make complex choices or decisions was in doubt, records did not show staff had assessed the person's capacity. Where decisions had been made in a person's best interests, these were not being recorded properly and it was not clear these were the least restrictive.

People were protected from the risk of abuse. Staff attended safeguarding training to enhance their understanding of how to protect people. People were involved in the planning of their care and were offered choices in how they wished their needs to be met.

People received their medicines when they needed them and in a safe way and had access healthcare services to maintain good health. Healthcare professionals spoke positively about the home and had confidence in the care provided.

People were involved in choosing, planning and preparing their own meals and records showed people's nutritional needs were identified and met. People could access the kitchen with staff support and were able to help themselves to snacks throughout the day and we saw tea, coffee and soft drinks were freely available.

People's individual living areas and bedrooms were personalised and reflected their individual tastes and interests. The home was set over two floors, on the lower/ground floor there was a bedroom, kitchen, laundry area and a lounge with a large flat screen television and comfortable leather sofa. This lead onto a conservatory which people used as a separate dining area. We saw throughout the inspection people making use of the garden to relax and socialise. Activities were seen as important to people's quality of life and staff ensured people had the opportunity to take part in one-to-one activities both in the home and the wider community. These included social and leisure activities based on people's preferences.

People were aware of how to make a complaint and felt able to raise concerns if something was not right. We found the service was clean, tidy, and homely.

The registered manager had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities.

We found 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.

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 home was not always safe.

Risks to people health, safety, and well-being were not being effectively assessed, managed or mitigated.

People received their medicines as prescribed.

There were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected from the risk of abuse. Staff were aware of how to identify and respond to allegations and signs of abuse and how to raise any concerns.

Safe and robust staff recruitment procedures helped to ensure that people received their support from suitable staff.

Is the service effective?

Requires Improvement ●

The home was not always effective.

The principles of the Mental Capacity Act 2005 had not been followed in relation to obtaining consent and best interests decisions.

People were cared for by staff who received regular training and were knowledgeable about people's needs.

People's health care needs were monitored and referrals made when necessary.

People were supported to maintain a balanced diet.

Is the service caring?

Good ●

The home was caring.

Relatives were positive about the care and support people received and felt staff were kind, caring and treated people with

respect.

Staff understood the needs of people and how to support them.

People's privacy and dignity was respected and promoted.

People were involved in the planning of their care and were offered choices in how they wished their needs to be met.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Good ●

The home was responsive.

People's care plans were personalised with their individual preferences and wishes taken into account.

People knew how to complain if they were unhappy and were confident that should they have a complaint, it would be listened to and acted upon.

People enjoyed a variety of social activities and were supported to do the things they enjoyed and develop new skills for daily living.

Is the service well-led?

Requires Improvement ●

Some aspects of the home were not always well led.

Although quality assurance systems were in place, they were not being used effectively or undertaken robustly enough to identify the issues seen during the inspection.

People's care records were not always accurate or kept up to date.

Staff were aware of their roles and responsibilities and felt all the staff worked well together as a team.

The home had notified the CQC of incidents at the home as required by law.

The Community of St Antony & St Elias - 5 Priory Drive

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

This unannounced comprehensive inspection took place on 28 June 2018. The inspection team consisted of one adult social care inspector 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 home.

Prior to the inspection, we reviewed the Provider Information Return (PIR) and previous inspection reports. 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. We also reviewed the information we held about the home. This included previous inspection reports and statutory notifications we had received. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law.

During the inspection, we met with the person living at the home and gave them the opportunity to talk with us and share their views but they choose to decline. We spoke with two members of staff, the registered manager and a senior manager. We asked the local authority who commissions with the home for their views on the care and support given by the home and received feedback from one healthcare professional. Following the inspection, we received feedback from one relative.

To help us assess and understand how people's care needs were being met, we reviewed two people's care records. We looked at the medication administration records and systems for administering people's medicines. We also looked at records relating to the management of the home: these included three staff recruitment files, training records, and systems for monitoring the quality of the services provided.

Is the service safe?

Our findings

The home was not always safe. We found concerns in relation to the understanding and management of risk and the environment. The systems in place to help reduce and minimise risks to people's health and safety were not always effective. Further improvements were needed to help ensure staff understood people's needs, and to ensure the right action was taken to reduce the risk of avoidable harm.

Each person had a risk management plan. We found one person had been identified as being at 'high risk' of scalding from water. This person's risk management plan, updated February 2018, instructed staff to lock the kitchen door at night to prevent the person having access to hot water, to supervise this person whilst making hot drinks and to support this person in the shower by setting the hot water temperature. In addition, the registered manager and staff told us the water supply to this person's sink had been turned off and at night staff turned off the water in the main bathroom and toilet to keep this person safe. This information had not been recorded in the person's risk management plan. There were no records to show the rationale for this decision.

In addition, to the above risk management plan, records showed the home had fitted thermostatic mixing valves, which reduced the risk of scalding. Staff tested the temperature of the hot water outlets on a weekly basis.

We asked the registered manager why this person could not have access to cold water which we were told was being turned off at night. The registered manager told us this was a precautionary measure as this person had a history of flooding their bedroom by blocking their sink.

We were concerned the person did not have access to drinks at night and did not have access to water at night, in order to maintain their personal hygiene. Staff said, they always made sure the person had a glass of water or squash at night and if they wanted a hot drink they could wake the member of staff. Antibacterial hand gel was provided in the toilet and bathroom. We found none of this information was recorded as part of the person's risk management plan.

Where risks had been identified, action had not always been taken to minimise the risks of reoccurrence or protect people from harm. We reviewed one person's care plan which had been updated in April 2018, and found risks had been identified in relation to the consumption of excessive fluids. Staff were instructed to monitor this person's fluid intake and remove empty cups from the person's room at night to prevent them from filling them up from the bathroom or toilet taps as this was not suitable for drinking. This information did not form part of the person's risk management plan, none of the staff we spoke to were aware of this information, and staff were not monitoring or recording this person's fluid intake. Although the person had not suffered harm, they had been potentially placed at risk of avoidable harm as staff were not aware of all the risks associated with providing their care. The registered manager assured us they would undertake a review of all risk management plans.

People were not always protected from the risk of harm as they were living in an environment that was not

safe. We found two first floor windows were not restricted. Records showed the provider had undertaken an environmental risk assessment. However, this did not consider the needs of people living at the home and the risks posed by having unrestricted windows that were easily accessible. Following the inspection, the provider wrote to the Commission explaining the window restrictor had been broken by an external contractor whilst measuring up for a replacement window on 24 May 2018. A decision had been taken by the providers maintenance team not to replace the window restrictor. As the window was due to be replaced, the bedroom was not being used and was locked. This decision had not been conveyed to either the registered or senior managers. On the day of the inspection we found the room was unlocked and was being used on a temporary basis by a perspective client. Following the inspection, a senior manager confirmed an appropriate restrictor had now been fitted. We found the other first floor bedroom window was properly restricted.

We reviewed the home's fire safety precautions. Records showed routine checks on fire and premises safety were taking place. However, these had not identified that one person's bedroom door did not close properly and the locking mechanism had been taped to prevent the door from locking. This would have significantly reduced its resistance to the effects of fire and smoke. We discussed what we found with the registered manager, they were unable to tell us how long the tape had been in place or why it was necessary.

The provider had failed to ensure all risks to the safety of people receiving care and treatment were appropriately assessed, mitigated or managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to meet people's needs. Relatives and staff told us there were enough staff to care for people and keep them safe. During the inspection, we saw staff spending time with people in activities or conversation as well as accompanying people out of the home to go shopping and socialise. The registered manager told us staff were flexible when there were shortages such as sickness; this provided continuity for people. There was a "bank" of staff available to provide short-term cover, minimising the use of agency and impact this might have on people living at the home. We discussed staffing levels with the registered manager who told us there was sufficient staff on duty to meet people's needs.

Relatives we spoke with did not have any concerns about people's safety; one relative said, "I have no doubts people are safe." People were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns. Staff had received training in how to recognise signs of harm or abuse and knew where to access the information if they needed it. Safeguarding information and relevant contact numbers were displayed within the home for them to use.

People were protected as the home had in place safe recruitment processes. Staff told us as part of their recruitment they had spent a 'taster day' at the home. This allowed people who lived in the home to meet them and feedback whether they would feel comfortable with them working at the home. We looked at the recruitment files for three staff and found checks had been undertaken prior to their employment. For example, Disclosure and Barring (police) checks had been completed. This helped reduce the risk of employing a person who may be a risk to people who use care and support services.

People received their medicines when they needed them and in a safe way. People's medicines were administered and disposed of appropriately and securely. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. Staff told us they had received training in the safe administration of medicines and records confirmed this. We checked the quantities of a sample of medicines against the records and found them to be correct.

The home was clean and there were no unpleasant odours. There was an on-going programme to redecorate and make other upgrades to the premises when needed. Staff were aware of infection control procedures. They had access to Personal Protective Equipment (PPE) to reduce the risk of cross contamination and the spread of infection and had received training in infection control.

Accidents and incidents were recorded and reviewed by the provider's health and safety manager. They collated the information to look for any trends that might indicate a change in a person's needs and to ensure the physical environment in the home was safe. Each person had a Personal Emergency Evacuation Plan (PEEP) and the provider had contingency plans to ensure people were kept safe in case of a fire or other emergency.

Systems were in place to ensure equipment was regularly serviced and repaired as necessary. The provider employed contractors to carry out a range of safety checks, for instance, gas safety checks and electrical testing.

Is the service effective?

Our findings

People who lived at 5 Priory Drive had needs relating to their mental health, which potentially affected their ability to make some decisions. We checked whether the home was working within the principles of The Mental Capacity Act 2005 (MCA).

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found the home was not working within the principles of the MCA Act and was not taking appropriate action to protect people's rights. Where a person's capacity to make a decision was in doubt or they lacked capacity to make complex choices or decisions in their life, records did always demonstrate that staff had assessed the person's capacity to make the decision before making decisions on their behalf. Staff had received training and were able to tell how they would involve people in their care, obtain consent and support them to make decisions. We found in practise this had not happened. For instance, records for one person showed that following a best interests' decision staff had placed a lock on the person's wardrobe which prevented them from accessing their clothes. There were no records to show the person's capacity to consent to these arrangements had been assessed. Where the decisions had been made in people's best interests, this had not been recorded properly. This meant we were unable to tell if the decision was the least restrictive, had been made in consultation with appropriate people, such as relatives, healthcare professionals, or was being reviewed.

Where the home held or managed one person's monies. Staff told us this was in place to support the person to remain safe. There were no mental capacity assessments to show this person did not have capacity to manage their own finances. There were no records to show the rationale for these decisions, or whether this was being carried out in their best interests. We looked at how the home managed the person's monies. Records showed staff obtained receipts for all money spent and checked balances daily. We found a number of people's monies were held in the same central account. This was a non-interest yielding account, which meant people were not receiving the interest they were due. There were no records to show that people had been asked/or involved in choosing which type of account their monies were held in. This meant people and did not have a choice in which type of account their monies were paid into and as a result were not receiving the interest they were due.

We discussed what we found with the registered and senior managers who acknowledged the current arrangements were not satisfactory. This had been identified following an inspection at another of the provider's services and assured us they were working with people, families and the local authority to make the necessary changes; records we saw confirmed this

Failure to gain consent from people, or where people were unable to give consent, involve relevant health or social care professionals in best interest decisions is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities and where people had been identified as having their rights restricted; a DoLS applications had been made to the local authority.

We looked at the induction, supervision and training records for three staff. Records showed newly appointed staff undertook an induction programme, which followed the Care Certificate framework. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support. The induction included a period of working alongside more experienced staff until they had developed their skills sufficiently to support people living at the home.

Relatives and healthcare professionals told us they had confidence in the staff and felt staff were well trained. There was a staff-training programme in place and staff confirmed they received regular training in a variety of topics. These included, safeguarding, health and safety, fire awareness, first aid, and medication training. Other more specialists training included mental health awareness, personality disorders, autism, conflict resolution, physical intervention and breakaway techniques.

Staff felt supported by the home's management team. One member of staff said, "[registered manager's name] is really good you can talk to them about anything." Another said "[registered manager's name] has a lot of experience and I know they're here to support me if I need it." However, records did not contain sufficient evidence to show that staff were receiving regular supervision in line with the home's policy and expectations. We spoke with the registered manager about what we found. They explained this had been identified as an area that needed improvement following a recent audit by senior managers and showed us their action plan which contained evidence of recent supervisions taking place.

People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. People's care records included details of their appointments and staff knew people well. People's mental and physical health was monitored by staff and where concerns had been identified, people were referred to or reviewed by an appropriate healthcare professional. The provider employed an independent consultant psychiatrist who was available to see people on a weekly basis, liaised directly with people's individual GP's, and was available to provide support and guidance when needed. Staff were aware of when to seek advice from people's mental healthcare professionals and felt confident doing so.

People were encouraged to be as independent as possible with planning, shopping and cooking their own meals. People decided each day what they would like to eat and were supported by staff to shop for ingredients and cook. People could access the kitchen with staff support and were able to help themselves to snacks throughout the day and we saw tea, coffee, and soft drinks were freely available. Staff knew people's food preferences well and told us how they supported and encouraged people to follow a healthy balanced diet. Where people had specific needs linked to their health, staff encouraged people to eat appropriate foods where necessary. For example, one person was encouraged to eat calcium rich foods following a recommendation by South Devon Osteoporosis Service.

Is the service caring?

Our findings

There was a relaxed and friendly atmosphere within the home. Relatives told us people had developed good relationships with staff. When we asked staff to tell us about the people they supported, staff spoke fondly about people and with kindness and compassion. They were able to describe people's needs and preferences well. People were respected and valued as individuals and throughout the inspections we saw some very kind, calm and positive interactions between staff and people. Staff told us how much they enjoyed working at the home. Comments included, "I love my job and I enjoy coming to work," "It's a great place to work" and "There's no them and us, no barriers, we support each other."

People's needs in terms of their mental and physical health were understood and supported by staff in a professional and non-discriminatory way. Staff were knowledgeable about the people they supported. Staff could tell us about people's background/histories and event's in their lives, which had led them to needing support as well as their goals, aspirations and what was important to them now. The registered manager and staff understood and recognised people's individual needs and worked alongside people in a positive way to help them identify the triggers that might indicate they were becoming unwell and learn how to manage these in the future. For instance, poor sleep patterns, difficulty in communicating their needs or managing the effects of their mental health.

Staff explained how they empowered people to manage their own needs independently and supported them through listening. Staff gave people time to reflect and develop skills for the future. One member of staff said, "We always put people first" another said, "We respect people and listen to what they want." This showed staff had an approach that placed people at the centre of their care.

People were able to lock their rooms if they wished and their privacy and dignity was respected. Where staff needed to talk to or about people, conversations were held in private. Staff knocked on people's doors and sought their permission before they entered their personal space (bedrooms). People's individual living areas and bedrooms were personalised and reflected their individual tastes and interests. The home was set over two floors, on the lower/ground floor there was a bedroom, kitchen, laundry area and a lounge with a large flat screen television and comfortable leather sofa. This lead onto a conservatory which people used as a separate dining area. We saw throughout the inspection people making use of the garden to relax and socialise. The staff office was found on the first floor along with people's bedrooms, the homes main bathroom and a separate toilet.

People were involved in planning their care and included in any meetings held about them. Records showed that people's views were actively encouraged and recorded. People's personal information was kept safely and securely in the staff office. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training.

People could come and go from the home as they pleased and people's friends and family were welcomed and encouraged to visit. Staff recognised the importance of family and personal relationships and people

were supported to maintain relationships and to visit their family on a regular basis. The registered manager told us they had regular phone and email contact with families according to people's individual wishes and preferences.

Is the service responsive?

Our findings

People's needs were assessed prior to coming to live at the home. This formed the basis of a support plan, which was further developed after the person moved in and staff had got to know the person better. The registered manager described how this pre-admission assessment enabled them to consider the current mix of people living at the home and helped to ensure the home could meet a person's individual needs before offering a placement.

We looked at the care and support records for both people living at the home. We found people's records were written in a person-centred way and described how each person wished to receive their care and support. This helped staff deliver care and support in a consistent and personalised way. Support plans were informative and provided staff with detailed information on people's likes, dislikes and personal preferences, personal care needs and medical history.

Each area of the plan described the person's skills as well as the support needed from staff and/or other services. People's wishes and unique goals were central to the care and support provided. There was an understanding that staff were there to enable and support people's learning to manage their own personal wellbeing and life skills. For example, with maintaining personal hygiene, cooking, budgeting, finance management, and safety awareness.

People's support plans guided staff on how to support people in managing their mental health in a way which caused the least amount of distress to the person, should they deteriorate or suffer a relapse. Risk management plans contained information on the signs and triggers that might indicate the person was becoming unwell and guided staff as to the action they should take. Staff were skilled in delivering care and support and had a good understanding of people's individual needs but were not always aware of the associated risks, for instance in relation to the consumption of excessive fluids.

Staff had received training in equality and diversity, encouraged people to be themselves and were aware of what was important to people. Staff gave us examples of how they had provided support to meet the diverse needs of people living at the home including those related to disability, gender, ethnicity, faith and sexual orientation. Each person's support plan contained important information about people who mattered to them as well as information about people's backgrounds and histories. This gave staff the opportunity to understand a person's past and how it could influence who they were today and enabled staff to support people to maintain their personal relationships.

The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment, or sensory loss. All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The registered manager was aware of the Accessible Information Standard and we saw people's communication needs were recorded as part of the home's assessment process. This approach helped to ensure people's communication needs were met.

Records showed people had signed their support plans and staff told us people had contributed to their

development and were aware of their content. People and their relatives, where appropriate, were involved in reviews and were able to express their views about the care and support they received. We saw people's needs were reviewed on a regular basis with external professionals. Records showed the registered manager prepared a detailed summary on all aspects of people's lives. For instance, daily living skills, diet, general health/well-being as well as any personal views or comments they wished to make or issue they would like to discuss as part of this process.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. People's support plans contained information about people's hobbies and interests. We saw people had many different opportunities to socialise and take part in activities if they wished to do so. People routinely went for days out to Exeter, Plymouth and Torquay, where they enjoyed socialising, shopping, having lunch or going to the theatre to see their favourite musicals. In addition, there were a range of activities, which had been developed at the request of people who use their services. The Provider produced a monthly activity programme and people were freely able to choose which activities they wanted to participate in, for example, climbing, cookery, art and creative writing, and music sessions. The registered manager and staff told us how the people living at the home had recently entered and won the much-coveted title of the 'Community bake off' which they had entered alongside others services owner by the Community. We saw pictures of the winning entry had been included in the latest edition of the provider's activity programme.

The registered manager told us people were aware of how to make a complaint, and felt able to raise concerns if something was not right. The home had a policy and procedure in place for dealing with any concerns or complaints, which was made available to people and their families. Relatives told us they were aware of how to make a complaint and felt able to raise concerns if something was not right. None of the relatives we spoke with had raised any recent concerns about the home. Staff told us they would recognise if people were unhappy and would deal with anything straight away and bring this to the attention for the registered manager, relatives or advocates immediately.

We reviewed the home's complaint file which showed that following the previous inspection in 2015, the home had received concerns about the care provided from one person's family. Records showed the provider had carried out an investigation, provided a written outcome and had spent time looking at any lesson that could be learnt. This had led to the introduction of a new recording system in relation to medical advice and staff received training to enhance their knowledge of monitoring equipment. This had also led to the provider updating a number of their policies and procedures for example complaints policy. However, we noted that the home did not have in place the updated complaints policy as we found it was dated 2013. We discussed this with a senior manager who confirmed this had been sent to all homes in February 2018 and must have just been overlooked, records we saw confirmed this.

Is the service well-led?

Our findings

Some aspects of the home were not well led. We looked at the home's quality assurance and governance systems to ensure procedures were in place to assess, monitor and improve the quality and safety of the services provided at 5 Priory Drive.

We found the provider used a variety of systems to monitor the service. These included a range of meetings, audits, and spot checks. While some systems were working well, others had not been effective and had not identified the concerns we found during this inspection. For example, whilst some premises safety checks had been completed, risks to people's health and wellbeing had not always been identified, assessed or mitigated.

The systems in place to help reduce and minimise risks to people's health and safety were not effective. As they had not identified that some people's risk management plans did not contain sufficient information for staff to meet people's needs in a safe way. People were potentially exposed to the risk of avoidable harm, because where staff had been provided with guidance to help reduce or minimise risks, information was not known by staff or followed.

Although people's care records were being regularly reviewed by staff and senior managers, the systems in place had not identified that the home was not working within the principles of The Mental Capacity Act 2005 (MCA).

This meant people were at risk of not receiving care in a consistent way which met their wishes. Staff did not always have the information they needed to support people safely and the home was not taking appropriate action to protect people's rights.

Failure to ensure systems were effective in assessing, monitoring and improving the service and ensuring that people's care records were accurate and complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives and staff told us the home was well managed and described the registered manager as kind and approachable. One relative said, "I think [registered manager's name] is very good and knows [person's name] very well."

Staff had a clear understanding of the values and vision of the home, which was to create a family atmosphere in an ordinary home in which problems and disabilities were no longer the focus of attention. Staff spoke passionately about their work, the people they supported and were proud of people's achievements. One member of staff said, "This is the best company I have ever worked for," another said, "Everyone is willing to go above and beyond to ensure people are able to live as they choose."

The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the appropriate level made decisions about the day-to-day running of the home. Staff knew

who they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty, through handover meetings and regular staff meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Staff were happy to challenge poor practice if they saw it and would contact the registered manager or other senior staff at once if they had any concerns. There was on-call duty system in place to ensure staff had out of hours support when needed. Specialist support and advice was sought from external health and social care professionals when needed.

Staff told us they were encouraged to share their views and records showed an employee survey was sent to all staff annually so they could give feedback about the home and company. A senior manager told us the home used a variety of ways to records peoples' feedback both in relations to their care and activities. The most recent of which was a service user questionnaire carried out in December 2017. However, at the time of the inspection the results were being analysed and not available for us to view. Senior managers regularly visited the home to carry out unannounced spot checks. These included speaking with people who lived at the home in order seek their views and feedback, although we found this information was not always formally recorded or collated. We discussed this with a senior manager who assured us this was being developed.

The registered manager told us the 'Community' held managers meetings regularly, these were an opportunity for managers to discuss their homes, and address any concerns. For example, issues such as recruitment, people, health and safety, policies and procedures and best practice.

The registered manager was aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They had notified the Care Quality Commission of all significant events, which had occurred in line with their legal responsibilities.

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 11 HSCA RA Regulations 2014 Need for consent People's rights were not fully protected as the provider did not act in accordance with the Mental Capacity Act 2005. Regulation 11 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were exposed to the risk of harm as care and treatment was not always provided in a safe way. Risks to people's health and safety had not been identified or mitigated. Regulation 12(1)(2)(a)(b)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were ineffective systems and processes in place to assess, monitor and mitigate risks to people. Records were not accurate, up to date or complete. Regulation 17 (1)(2)(a)(b)(c)

