

Flarepath Limited Cranmore

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 4 and 5 August 2016 and was unannounced.

Cranmore is registered to provide personal care and accommodation for up to six people who have learning disabilities and range of health and support needs. These included; autism, Prader Willi Syndrome, diabetes and some complex and challenging behavioural needs.

At the time of inspection six people lived at the service. People told us they liked the service, they were happy and staff were kind. They thought the home provided a safe, relaxed and comfortable living environment.

Cranmore is a detached house situated on the outskirts of New Romney. The service had a communal lounge and dining area available with comfortable seating and a TV for people, each person had their own bedroom. There was a secure enclosed garden to the rear of the premises. Building works were being carried out at the time of our inspection to build an office complex in the garden and an extension adjoining the main house. This meant people were unable to use a separate dining area in the service because it was being used as a temporary office.

A registered manager was in post. A registered manager is a person who has registered with the care Quality Commission to manage the service. 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.

Cranmore was last inspected in June 2014. At that inspection it was rated as 'Requires improvement'. A number of breaches of Regulation were found during that inspection and the provider sent us an action plan to tell us what actions had taken place to make improvements. The action plan stated that the breaches had been addressed by mid-September 2015.

At this inspection we found improvements had been made, but some areas required further input to make them better. However, we also found some new breaches of Regulation.

Recruitment processes were not sufficiently robust to demonstrate that identified potential concerns were considered and if needed mitigated.

Staff supervision had lapsed and did not meet the service's policy; this meant opportunity had been missed to address some elements of staff practice.

People's aspirations were not effectively developed or maintained; goal setting and reviews were not adequately evaluated or recorded.

Some records were incomplete and auditing and quality monitoring frameworks remained ineffective to identify and address these and other concerns found during the inspection.

Medicines were safely administered and stored. Checks ensured sufficient medicines were ordered, the right amount was given and that people received the right medicines when they were supposed to.

Staffing had increased, was flexible and kept under continuous review; there were sufficient staff to safely support people's needs.

Items requiring replacement, maintenance or repair received prompt attention and a maintenance schedule planned the completion of remaining work.

Risks were evaluated, measures were put in place to keep known risks to a minimum and staff knew how to keep people safe. People told us they felt safe in the service and when they were out with staff. Staff had access to the local authority safeguarding protocols, and knew which incidents should be referred for investigation.

Authorisations and decisions, made under the Mental Capacity Act 2005 to deprive people of their liberty, were notified to the Care Quality Commission when they needed to be.

All staff had an understanding of the Mental Capacity Act 2005, and Deprivation of Liberty safeguards, they understood in what circumstances a person may need to be referred and when there was a need for best interest meetings to take place. Advocacy services were made available to people.

People had personalised records detailing their care and support, including well developed support plans for their emotional and behavioural needs. People were supported to access routine and specialist health care appointments. People told us staff showed concern when they were unwell and took appropriate action.

People were supported to attend activities and staff had received necessary training to support people confidently and safely.

People felt comfortable in complaining, but did not have any concerns. People, relatives and visiting professionals had opportunities to provide feedback about the service provided both informally and formally and this was acted upon.

We found a number of breaches the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. 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?

The service was not always safe.

Decisions about potential concerns identified during staff recruitment were not recorded or any actions needed to reduce risk.

Medicines were safely managed and reviewed; maintenance arrangements meant most repairs were completed quickly and completion of remaining work was planned.

There were sufficient staff on duty to meet the needs of people, support their activities and health care appointments.

Risks associated with people's care and support had been assessed and people felt safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff supervision had lapsed and concerns about the quality and frequency of some people's reviews were not addressed by the registered manager.

The service was meeting the requirements of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

People consented to their care and treatment and staff were trained to support people's specific needs.

Communication was effective, staff understood people's needs. People told us they had choices about what they ate and how their meals were planned.

People were supported to maintain good health and had access to medical and social services as needed.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Staff delivered support with consideration and kindness.

People were treated with respect and their dignity was protected.

Staff encouraged people to be independent when they were able.

Is the service responsive?

The service was not always responsive.

Reviews of people's goals and ambitions were not clearly recorded, actively pursued or effectively reviewed.

The home involved people and their families or advocates in planning and reviewing care.

There was an accessible complaints procedure and people were confident that any concerns would be addressed and action taken where necessary.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Quality assurance processes were not always effective to ensure required actions were identified and progressed; some breaches identified at our last inspection remained or work to address them was not sufficient.

Staff felt supported and there was an open culture in the home which encouraged staff and people to share their views.

Statutory notifications required by CQC were submitted when needed.

Staff were aware of their responsibilities to share any concerns about the service.

Requires Improvement ●

Cranmore

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.

We undertook an unannounced inspection of this service on 4 and 5 August 2016. The inspection was undertaken by one inspector, this was because the service was small and it was considered that additional inspection staff could be intrusive to people's daily routine.

We reviewed a range of records. These included three care plans and individual risk information and risk information about the environment. We looked at recruitment information for three staff, their training and supervision records in addition to training records for the whole staff team. We viewed records of accidents/incidents, complaints information and records of some equipment, servicing information and maintenance records. We also viewed policies and procedures, medicine records and quality monitoring audits undertaken by the registered manager and provider. We spoke with each person, three staff and the registered manager.

Before the inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and healthcare professionals. We reviewed notifications of incidents and other documentation that the provider had sent us since our last inspection. A notification is information about important events which the home is required to tell us about by law.

Is the service safe?

Our findings

People told us they were happy and felt safe living at Cranmore. Comments included, "I like it here", "It's a good home" and "I'm well and happy". People were comfortable and confident within their home environment and appeared reassured by the staff who supported them.

At our last inspection, planning and deployment of staff had not ensured there were always suitable numbers of staff available; matters warranting referral to the local authority safeguarding team had not always been made; some practices around the administration of medicine did not always promote proper and safe management and aspects of the service were not properly maintained. Although we found improvement in these areas at this inspection, other concerns identified meant the service was still not safe.

People were not protected as far as practicably possible by a safe recruitment system. Records showed employment histories were checked, references obtained and Disclosure and Barring Service checks (DBS) were undertaken when staff were recruited. However, where DBS checks disclosed cautions or convictions, although considered by the registered manager, their decision and any associated risk assessment to employ such staff were not recorded. We discussed this with the registered manager who gave an undertaking to address this issue. However, systems in place were found incomplete.

This did not promote the principles of a robust recruitment process to protect the safety of people living at the service. This is a breach Regulation 19 (1)(a)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient staff in place to meet people's needs. Staffing levels were based upon people's dependency assessments and were flexible to accommodate outings and activities. The service had identified the need to provide additional one to one support for one person and had put this in place, although funding had not been agreed. Staffing comprised of one team leader and a minimum of three care staff in addition to an occasional fourth staff member depending on planned activities. Two staff provided support at night. An established on call system provided a contingency should additional staff be required. Agency staff were not used, any shortfall was met by staff employed by the provider. This ensured familiarity of people's needs and enabled them to be addressed consistently and safely. People and staff felt there were enough staff on duty to support people, their activities and safety.

Staff knew how to recognise different forms of abuse and were confident in how to report it. There was a policy and procedure that informed them about what to do. The service also held a copy of the locally agreed safeguarding protocols. They told us they knew people very well and could pick up on any changes in their moods or behaviour; which might be an indication that the person was troubled. People told us they felt safe. We reviewed the service's records of incidents, no referrals had needed to be made to the local safeguarding authority.

We assessed the procedures for the ordering, receipt, storage, administration, recording and disposal of medicines. Medicines held by the service were securely stored and people were supported to take the

medicines they had been prescribed when they needed them. People's Medicine Administration Records (MAR) showed that all medicines had been signed to indicate they had been given. Staff who administered medicines to people had attended appropriate training and were regularly assessed to ensure they were competent to manage medicines. People we spoke with told us they always received the right medicine at the right time. People were given their medicines privately and told us they knew what they were for. Where people occasionally took medicine, for example, for pain, staff asked if people wanted it and recorded how much was given and when. Staff had information and were knowledgeable about the possible side effects of some medicines and signs to look out for.

Some people displayed behaviours that damaged property, the registered manager ensured that any damage was repaired as quickly as possible and disruption kept to a minimum. The service had reviewed their maintenance arrangements and were in the process of employing a maintenance person. We looked at all areas of the service, including people's bedrooms and the communal areas. Key maintenance and repair tasks were completed; these included the repair and modification of a fire call point, replacement of some door handles and repair of some door frames and architrave. Some areas of the home were recently decorated. However, a number of carpets were stained, there were some holes in the walls where door handles had hit the wall, as well as other holes in the plasterboard wall beneath the stairs. The registered manager explained maintenance was prioritised on a risk basis, with items that may affect people's safety being addressed first. The provider had drawn up a schedule for remaining works to be completed, it was explained that the scheduled maintenance had been planned to coincide with the completion of building works at the service. However, since the building contractor was overrunning, completion dates for the remaining work had been revised, with some repair and replacement work yet to be completed.

Furniture in some people's rooms, such as wardrobes and chests of drawers required replacement. Plans were in place for one person to choose a new wardrobe and substantial built in units were to be provided in other rooms capable of withstanding the rate of wear. The construction of the built in units was included within the schedule to be completed by the service's maintenance person.

Risks associated with people's care and support had been assessed and procedures were in place to keep people safe. Professional advice was sought where needed and their advice put into practice. Where some risks may occur when people visited their families, the service consulted with the families and provided management guidelines to ensure any risks were consistently addressed. This helped to ensure people were supported consistently and reduced the potential for mixed messages.

Staff knew the different risks associated with each person and how to minimise any occurrence. Risk assessments were in place to help keep people safe in the service and when outside or attending activities. They clearly set out the type and level of risk as well as measures taken to reduce risk. These enabled people to be as independent as possible. For example, they included safety in public places, crossing the road and using transport. This helped to ensure that people were encouraged to live their lives whilst supported safely and consistently.

Risk assessments were reviewed when needed and linked to accident and incident reporting processes. Accidents and incidents were managed in a way which protected people from the likelihood of recurrences. Staff had completed detailed incident reports and the registered manager had recorded their actions in every case. This helped to ensure the service learned from incidents and put processes in place to reduce the risk of them happening again. Records showed a steady reduction in the number of behavioural related incidents and their intensity.

Fire alarms had been tested and documented weekly and fire exits were clear of obstruction. Staff had

received fire safety training and were able to correctly describe evacuation routes. People had individual emergency evacuation plans in place describing the support they would need in case of fire. Full building evacuations had been carried out to identify any issues; this had included the intentional blocking of one possible exit route so people and staff needed to use an alternative. Extinguishers and emergency lighting had also been regularly tested. The service had a formal strategy to ensure people received safe and continuous care in case of emergencies at a local hotel.

Records showed the provider ensured proper checks were carried out of the electrical installation in the service; the gas safety certificate was current and portable electrical appliances checked. Appropriate testing and monitoring of water temperatures ensured people were safe from risks of scalding; one slightly high water temperature was recorded during testing and arrangements were in hand to address this. Other water management checks prevented risks posed by Legionella, a water borne bacteria. Arrangements were in place for the service and maintenance of the fire alarm and fire fighting equipment.

Is the service effective?

Our findings

We spent time talking with people; all comments made were positive. We also observed people's interaction with staff and the care delivered. People told us they felt staff understood their needs and had confidence in the staff who supported them. Comments included "All staff are all good" and "They support me well". People were happy and cheerful; they spoke positively about their home. Although people commented positively, lapsed staff supervisions meant the service was not always effective.

Supervision was intended to be a one to one meeting with a manager or supervising member of staff; scheduled in advance and recorded when complete. Its purpose was so staff should feel supported, are able to maintain competence in their roles through effective management and the identification of training needs. It is also an opportunity for supervisors to address unacceptable practices or cultures within the service and instil accountability by addressing any shortfalls identified through competence checks and the service's quality assurance processes. Regular supervision was not conducted in line with the service's policy and had lapsed since March 2016; some staff failure to effectively review and progress elements of people's goal planning had not been addressed.

Staff had not received appropriate and effective supervision to make sure competence was maintained and tasks completed. This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked to see whether people's rights had been protected by assessments under the Mental Capacity Act 2005 (MCA). The Mental Capacity Act is to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Individual capacity assessments had been made where there was a reason to question people's ability to make certain decisions for themselves.

Staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS form part of the MCA and aims to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom. Where restrictions are needed to help keep people safe, the principles of DoLS ensure that the least restrictive methods are used. Restrictions could include, for example, bed rails, lap belts, restrictions about leaving the service and constant supervision inside and outside of the service.

The MCA requires providers to submit DoLS applications to a 'Supervisory Body' for authority to impose restrictions. Applications had been made to the local authority for each person at the service. Decisions about five of the applications resulted in the granting of authorisation to impose restrictions. The remaining application was pending decision by the Supervisory Body. All granted authorisations were current and the conditions set out in them were met.

The MCA states that once a standard authorisation under DoLS has been approved, a relevant person's representative (RPR) must be appointed as soon as possible to represent the person who has been deprived of their liberty. The role of the RPR is to maintain contact with the relevant person, and to represent and

support the relevant person in all matters relating to the deprivation of liberty safeguards. RPRs had been appointed and people were supported to stay in touch with them.

Some people were able to give consent about aspects of their care and support. Some of these decisions were made by people with support of their family or independent advocates. Advocacy seeks to ensure that people, particularly those who are most vulnerable, are able to have their voice heard on issues that are important to them. Where people were unable to consent to some larger or more important decisions, best interest meetings took place. These ensured professionals, staff and where possible family members who knew people well were involved in decision making. This helped to ensure that the right decisions were made for the right reasons.

People had individual communication plans. These helped to ensure effective understanding between people and staff. Where needed, this included information about facial expressions, body language and gestures as well as other indicators such as people's general demeanour and what any changes may indicate. For example, how people may appear and react if they experienced pain, anxiety or were becoming frustrated. Where one person could not readily communicate their wishes verbally, although staff had a basic understanding, arrangements were in place for staff to receive training in Makaton (signs and symbols to support spoken language).

People's healthcare needs had been addressed by the service. They had regular appointments with opticians, dentists and chiropodists and each person had an individual Healthcare Action Plan. This listed people's medical histories, their medication and recorded the outcomes of annual health checks with GPs. People's health needs had been assessed and the service worked with other professionals to promote people's well-being. These included epilepsy specialists, occupational and speech and language therapists, psychologists as well as the local Community Learning Disabilities Nurse. During our inspection an occupational therapist met one person to consider the possibility of providing specialist weighted clothing. This can be beneficial for people with autism because it fits closely to the body and delivers deep pressure touch stimulation (DPTS). This type of therapy product can help people to stay calm and focused by stimulating their muscles and joints through deep pressure. They also identified the possible benefits of providing vibrating cushions again to help the person to stay calm.

The service used the Care Certificate as their training tool for new staff. This is an identified set of standards that social care workers should keep to in their daily working life; the expectation is staff who are new to services will achieve the competences required by the Care Certificate as part of their induction.

Staff received regular on-going training in areas essential to the effective running of the service such as fire safety, first aid, infection control and food hygiene. A training planner identified when training was due and when it should be refreshed. Additional training had been delivered which helped staff support people, including restraint, conflict management and disengagement training as well as learning disabilities awareness. Staff told us the training was good quality and they felt confident to do their job properly.

People had enough to eat and drink. They told us they enjoyed their meals and were involved in planning and deciding what they wanted to eat. Most people helped with kitchen tasks including preparation of food. Where one person had a condition making them prone to overeat, measures were in place to ensure they were appropriately supported to eat safely.

Staff and the registered manager kept in touch with people's families; they recognised it was important and told us relatives enjoyed hearing about people's achievements and progress.

Is the service caring?

Our findings

People told us the staff supporting them were kind and felt that they cared about them; they found this comforting and reassuring. One person told us, "I am happy I live here" another person said, "Staff are all helpful and kind". People were treated respectfully and with dignity.

There was a pleasant atmosphere in the service, some people laughed and joked with staff enjoying shared humour. People were relaxed and appeared comfortable in each other's company; and their different personalities were clear to see. Staff demonstrated they knew people as individuals and engaged them in different ways according to the persons' character, needs and interests. However, following professional advice, the registered manager recognised there was at times an over familiarity and blurring of boundaries between some staff and people at the service. Although not regimented, clear boundaries were set and explained to staff and people.

Staff were considerate and respectful when supporting the people in their care. Staff were friendly and unhurried in their approach, giving people time to process information and communicate their responses. Staff were aware that different people responded to different communication styles, they were consistent in the ways they spoke to people. For example, short sentences helped some people understand what to do, or setting of time scales helped to manage some people's expectations, which helped to stop them becoming frustrated when they wanted something to happen immediately.

We observed many examples of positive interactions between staff and people, with staff showing respect and kindness towards the people they were supporting. Staff also spoke respectfully and kindly about people between themselves during staff handover when discussing how people's days were going, irrespectively of any behaviours that had occurred. Staff were careful to protect people's privacy and dignity throughout the inspection. They asked people if they were happy for us to visit their bedrooms and made us aware of anyone who preferred to keep their bedroom private. People said they had their privacy and dignity respected. Two people told us, "They knock on my door and wait to come in." People were dressed in clothes of their choice; they told us they felt clean and well cared for.

Staff were able to describe each person's support needs accurately and tell us about them as an individual. Records of people's days had been made and provided information about the support and care they had received. People often signed their day books and made their own comments about how their day had been. Most comments were positive and included, for example, 'I did my room clean and had a good day' and 'I had a good afternoon'.

Each person had a detailed pen picture. This included the most important things about them, the most important things to them and the most important areas where they required support. This provided detailed information for staff and helped to ensure staff were aware of these needs. Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They knew what people liked and didn't like. Staff told us they had got to know people well by spending time with them and, where possible their relatives, as well as by reading people's care records.

People were supported to maintain contacts with their families and friends. Care records were stored securely when not in use; all information was kept confidentially. Staff had a good understanding of privacy and confidentiality, there were policies and procedures to support this.

Is the service responsive?

Our findings

When people moved into the service an assessment was completed. When people needed support to communicate their needs other people advocated on their behalf, for example, members of their family or someone who knew them well. This helped to ensure people's initial needs were understood and met.

As an on-going process, discussion and development of goals is intended to enable people to work toward their aspirations and contribute as much themselves as possible about their interests and what was important to them. It can increase motivation and be an effective way to support learning, help people develop life skills, their sense of self-worth, individuality and achievement. This is intended to ensure care and treatment of people is appropriate, meets their needs, and reflects their preferences.

Our last inspection found people's goals and aspirations were not well developed; reviews did not always track progress, say if goals remained relevant or actively link to exploring new activities and challenges. Following that inspection, the provider submitted an action plan setting out what they had done to improve this area. They told us goal plans had been introduced and staff spoken with about the need to review and update them; the registered manager would ensure improvement was made and sustained through audits.

At this inspection, although some work to explore people's goals and interests had happened, reviews had not taken place regularly and, those which had, varied in quality and therefore meaningful value. Additionally, action towards progressing some people's ideas and interests had not moved forward. For example, in one case, after six months, when an idea for an activity was next discussed with a person, they had by then lost interest and did not want to do it anymore; further ideas were not explored. Another person's goal was broken into component parts to help them safely achieve what they wanted to do, but these elements were not progressed; their goal remained unmet and had not been reviewed. Another person's goal had stalled at an early stage, in part due to their health, but they still wanted to do it. Although staff had spoken to them about their goal, they had focussed on reasons why it couldn't happen rather than thinking of alternative ways to progress it.

Where people had completed some goals or progressed towards them, evaluation was poor and in most instances staff simply recorded 'enjoyed'. More developed evaluations may consider what motivated people. Staff could then develop knowledge and strategies aimed at engaging people's interest, trying new challenges and life experiences. This would help to ensure people built on their achievements and received the best opportunity and encouragement of developing broadened ambitions and realising individual interests.

Monthly key worker reviews had lapsed, having last been completed in March 2016. A key worker is a specific member of staff who works closely with people to help ensure their needs are met. These are intended to include discussions about health issues and appointments, activities and any contact with family and friends; they should have provided opportunities to develop pathways to effectively map and progress people's plans in order to give them the best possible opportunity of meeting their goals and aspirations. This had not happened.

Care and treatment was not planned with a view to achieving people's goals and ensuring these needs were met. This was a continued breach of Regulation 9(1)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Day to day activities had taken place and plans were displayed in the service to remind people what they were doing. People told us these activities broadly followed the plans shown, with flexibility for choice. As well as using public transport, the service had two cars available to support people undertaking activities. People had passes to visit a local wildlife park and more than 30 other attractions such as sea life centres, Madame Tussauds and Lego Land.

Care plans contained details of people's preferred routines, such as a step by step guide to supporting the person with their personal care. Some included pictorial prompts and were in an easy to read format to help people engage and understand choices about their care. This included what they could do for themselves, however small and what support they required from staff. For example, the elements of personal care that people could do independently. There were behaviour support plans and risk assessments about the support people needed when they became distressed or challenging towards staff or others. Care plans gave staff an in-depth understanding of the person and staff used this knowledge when supporting people. Care plans reflected the care provided to people during the inspection. Daily notes reflected what each person had done, their mood and any events of importance.

Health action plans were in place, detailing people's health care needs. The plans contained comprehensive and specific information, including input from health and social care professionals where necessary. This had helped to ensure that health conditions were monitored and appropriately reviewed. Where people had specific conditions, for example, diabetes, there was guidance for staff about symptoms or indicators which may indicate blood sugar levels were not within required margins and the support the person would need. There were clear behaviour support plans and risk assessments about the support people needed when they became distressed and challenging towards staff or others.

Annual reviews provided an oversight of the care provided. These were open to people's care manager, their family or an advocate and staff. People told us they thought they received the support they needed.

The service's complaints procedure was available in pictorial form. People told us they did not have any complaints and did not wish to make any. They told us they knew the staff and provider by name and were confident that, if given cause to complain, it would be resolved quickly. There were no complaints at the time of our inspection. Staff clearly explained how they would support people to make a complaint if the need arose.

Is the service well-led?

Our findings

Following our last inspection we reported a number of breaches of Regulation. The provider sent us an action plan in response, which stated that the breaches would be put right by mid September 2015. At this inspection, we found improvements had been made in some areas. For example; staff deployment ensured there were enough staff to meet people's needs; safeguarding reporting protocols were understood; medicine administration promoted safe practice and safety critical maintenance and repairs were completed where needed, but other breaches still needed to be fully addressed.

While it was evident attempts were made to act on the requirements of our last inspection, actions had not always gone far enough to fully meet Regulations. This was because there were still shortfalls around reviewing and progressing people's goals; staff recruitment processes were insufficiently robust; staff supervisions had lapsed; some records and reviews of activities were incomplete and audits had not identified the continued or new concerns. This meant the quality assurance framework in place remained not fully effective.

The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services provided was a continued breach of Regulation 17(1)(2)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Established systems sought the views of people, relatives, staff and health and social care professionals and had been undertaken for the current year. People had completed questionnaires about their opinions of the service; sometimes with the help of staff. Questions covered areas such as staffing, choices, feeling safe and being listened to, and the responses were positive overall. The service had a variety of methods by which to measure the standard of care and people's experiences of it, including one to one meetings and discussions with people's families.

People knew the different roles and responsibilities of staff and who was responsible for decision making. Observations of staff interaction with each other showed they felt comfortable with each other and there was a good supportive relationship between them. Staff felt they worked together to achieve positive outcomes for people, for example, discussing outings or the health of a person who was agitated and suggested actions.

There was an open culture within the service that encouraged people and staff to express their views through service user or staff meetings. People were given opportunities to comment about the service and their personal experiences through these meetings, however, staff had identified that meetings in this format were not always effective. This was because some people repeated what other people had said rather than forming their own opinions. In view of this staff intended to speak to people on a one to one basis to obtain their views.

Staff told us that there was good teamwork between them. They were open and spoke candidly with us about working in the service. Records confirmed that they attended regular staff meetings and felt the

culture within the service was supportive and enabled them to feel able to raise issues and comment about the service or work practices. They said they felt confident about raising any issues of concern around practices within the home and felt their confidentiality would be maintained and protected by the registered manager.

The registered manager received support from a consultancy service for employment law matters and were in the process of enlisting further support for health and safety and auditing around the service. They also belonged and subscribed to a number of care organisations and initiatives with a view to maintaining current oversight within the care sector as well as updates and newsletters from organisations such as Skills for Care. This was intended to help the service keep up to date with changing guidance and legislation.

All care providers must notify us about certain changes, events and incidents affecting their service or the people who use it. These are referred to as statutory notifications. Notifications were made when needed. Policy and procedure information was available within the home and, in discussion; staff knew where to access this information and told us they were kept informed if changes were made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not established and operated effectively to ensure that persons employed for the purposes of carrying on a regulated activity must be of good character and identified risks mitigated. Regulation 19 (1)(a)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured persons employed in the provision of a regulated activity received such appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014