

# Roselock Limited

# The Chase

## Inspection report

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Date of inspection visit:  
29 January 2020  
31 January 2020

Date of publication:  
25 March 2020

## 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

The Chase is a residential care home providing accommodation and personal care to nine people with a learning disability, aged 18 and over at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people. Nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

We found care was not always delivered in line with guidance for managing behaviours that challenged the service and staff training in this area was either out of date or had yet to be completed. We found out of date food stored in the refrigerator. Records related to daily care did not include details of the personal care provided by staff. Consent to take pictures was not always obtained from relatives or people. We found ineffective audits and notifications of incidents and authorised deprivation of liberty safeguards (DoLS) had not been submitted to the CQC as required to do so by law.

People and relatives told us they felt safe. Staff checks were carried out to ensure they were safe to work with people who used the service. Risks to people were assessed and managed to reduce the risk of avoidable harm. People were supported to take their medicines safely. Staffing levels were based on people's level of need. Systems to manage the risk of the spread of infection were in place, however, out of date food was not disposed of.

People and relatives were mostly asked their consent before care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we have made a recommendation in relation to consent to obtain photographs.

People's needs were assessed and used to develop their plan of care. Daily records required further details in relation to personal care provided by staff. We have made a recommendation in relation to good practice

in record keeping.

People received sufficient amounts to eat and drink to maintain their health. Staff received training relevant to their role and understood people's individual needs. We noted a number of repairs and improvements were required to the kitchen and communal bathrooms. We made a recommendation in relation to developing an action plan with timescales for completing these.

Relatives told us people were treated well by staff who were caring and knew them well. People were supported to maintain their independence where possible. People were encouraged to make daily living decisions about their care and were supported by staff to make choices.

People were supported by staff who knew them well and understood their needs and preferences. Relatives told us they felt their relative was well cared for by staff who understood them well.

Relatives were involved and said they were notified by staff whenever there was a change in people's needs. People were supported to participate in activities and follow their own interests. People's communication needs were taken into account during the assessment process. Information was provided in an accessible format for people who used the service. Relatives knew how to raise a concern if they were unhappy about the service provided to their relative.

People and staff were given the opportunity to share feedback about the service. However, feedback from people was not always independent. We made a recommendation in relation to the provider obtaining impartial feedback from people who used the service. Audits were in place to monitor the quality of the service; however, these were not always effective.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 15 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to meeting the needs of people whose behaviour challenged the service, infection control, management and oversight and failure to notify CQC of notifiable incidents.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Chase

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

The Chase is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. People using the service had complex needs so we observed the care provided to them. We spoke with four members of

staff including the registered manager and three support workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment, supervision and staff training. A variety of records relating to the management of the service, including quality assurance.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional training data and quality assurance records. We spoke with four relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

### Assessing risk, safety monitoring and management

- We found care was not always delivered in line with people's individual behavioural care plan. Although we observed mostly good interactions between staff and people who used the service, we noted staff did not use the distraction techniques detailed in one person's plan of care. This resulted in the person becoming slightly agitated and refusing to go to the quiet area as documented in their care plan. The person had calmed down within a few minutes. This may have put others at risk of harm as the practice used was not in line with the person's plan of care and may have been unsafe.
- We made the registered manager aware of our observation and they immediately addressed this with the staff member. We spoke with the staff member who told us they felt the person had become more agitated as they were not familiar with people they didn't know. We were satisfied that the staff member knew what to do and had previously followed the behaviour plan in place for this person.
- Records showed not all staff completed training in behaviours that challenged the service and some required refresher training which had expired. The training matrix provided by the registered manager following our inspection showed, eight members of staff required training in behaviours that challenged the service and two had last received training in August 2015, which according to your records had expired in September 2018.
- People who used the service had behaviours that challenged the service, therefore staff training in this area would ensure that they were up to date with any changes in practice.
- The registered manager told us training had been arranged with the local authority behaviour therapist to facilitate training with staff in February 2020. This would enable the service to better meet people's needs in relation to behaviours that challenged the service.

Whilst we found no evidence that people had been harmed. The above concerns may have put people at risk of harm due to unsafe practice. This is a breach of Regulation 12 of the Health and Social Care Act (Regulation) Regulation 2014.

- Risks to people were assessed, and risk assessments provided detailed information and guidance for staff on how to manage these. Risks included various areas, such as, choking, epilepsy and behaviours that challenged the service.
- Staff knew about the risks posed and gave examples of how these were managed. For example, one person was known to be unsteady on their feet and at risk of falls, staff monitored their whereabouts closely to ensure there were no obstructions. This reduced the risk of the person having a fall.
- The registered manager told us this person also wore a helmet to protect them from head injury. However, this was currently being repaired. Records showed the service had taken additional precautions to ensure

the person remained safe, including updating the risk assessment.

#### Preventing and controlling infection

- The home environment was clean and tidy, and we observed the home being cleaned during our inspection.
- Staff had access to personal protective clothing, including gloves and aprons. We observed a staff member wore gloves when providing personal care. A staff member told us, "I shadowed the deputy manager.... You put gloves on when providing personal care."
- Relatives told us they felt the environment was clean. A relative told us, "[Person's] room is nice and clean and tidy."

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they were safe. Comments from relatives included, "I feel safe that [relative] is there and being looked after," and "Yes, I do [believe relative is safe], [relative] has been [at the home] a few years, I have never come up against anything that would suggest [relative] is not safe. There are a lot of [staff] on call. If thought anything was wrong I would speak with the manager or staff and follow it up."
- Staff had received training in how to keep people safe and knew the reporting requirements should they have any concerns for people's safety and well-being.
- The registered manager told the service had policies and procedures on restraints and staff had been trained in physical intervention. They told us the use of restraint would be used as a last resort. The registered manager told us they had not had any cause to use restraint at the service. Records and staff confirmed this.
- Staff knew how to blow the whistle if their concerns were not being acted on. They told us they would first report any concerns to the registered manager, then if not satisfied they would contact the CQC or the relevant safeguarding authority.

#### Staffing and recruitment

- There were enough staff to meet people's individual needs.
- Staffing levels were based on people's level of need. The registered manager told us, "We always aim to have the right mix of staff with the necessary skills, experiences, competencies, qualifications and knowledge to meet [people's] needs."
- Staffing levels were adapted for special trips and to support people whilst out in the community. Staff confirmed there were enough staff on duty to meet people's needs.
- Relatives told us there was enough staff to meet people's needs.
- Records showed where the service used agency staff, most had worked for the service a number of times, therefore were familiar with people who used the service. For the period covering a month between December 2019 to January 2020 the total agency hours amounted to 83 hours.
- The registered manager told us they used the same agency to request extra staff. Most of the agency staff used were regularly used by the service and other services run by the provider.
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members, including criminal records checks, right to work in the UK and references. However, we found employment gaps were not explored. The registered manager told us the provider was in the process of revising the application form, this would include a question for applicants to provide further explanation of employment gaps.

#### Using medicines safely

- Systems were in place to manage medicines safely.
- Medicine administration charts were accurate and up to date. Where changes had been made to people's



medicines this was updated in their care records.

- Protocols for 'as required' medicines, such as paracetamol were in place and provided guidance to staff on how and when to administer these.
- Medicines audits were carried out by the registered manager. We noted two recently opened bottles of liquid medicines without labels indicating when they were opened. The impact of any harm was reduced as these were received a week prior to our visit. The registered manager took immediate action to ensure these were accurately labelled.

Learning lessons when things go wrong

- Systems were in place to monitor accidents and incidents. Any learning identified was put in place for individual people that required a change to their plan of care. Records confirmed this.
- Staff understood their responsibility to report any accidents or incidents, including the reporting procedures put in place by the provider.

# Is the service effective?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

[http://crmlive/epublicsector\\_oui\\_enu/images/oui\\_icons/cqc-expand-icon.png](http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png)

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-assessments were in place, this included all aspects of people's care and health needs. Information gathered during assessments had been used to assess risks and develop care plans which offered guidance to staff about how to meet people's needs.
- Protected characteristics under the Equality Act were considered. For example, people were asked about their cultural needs so these could be met.
- Where possible relatives had been asked to contribute to the assessment of people's needs, which enabled the staff to understand more about a person's history and how this may impact on their daily lives. One relative told us, "I told [staff] about [relatives] likes and dislikes. As far as I know that is in his care plan."
- Staff knew people well and knew their likes and dislikes. Such as one person who liked going for drives and another person who enjoyed swimming. Records confirmed this.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role and said they felt supported by the registered manager. A staff member told us, "If I require anything I know I can rely on my team. I can contact the registered manager for guidance if I am unsure about anything."
- Records confirmed staff completed training, including refresher training in areas such as, first aid, fire awareness, health and safety and food hygiene.
- We reviewed the training matrix sent by the registered manager and this showed that staff had completed training in various areas. However, some staff had yet to complete refresher training in behaviours that challenged the service and autism awareness, and newer staff had not yet completed training in these areas. The registered manager told us training was arranged with the behaviour specialist in February 2020. Records showed these and other training had been booked for this year.
- Staff received an induction, regular supervision and a yearly appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with sufficient amounts to eat and drink. We observed staff preparing the evening meal, which was spaghetti bolognese.
- People were involved in the planning of meals through regular service user meetings where they were shown pictures of the types of meals and indicated their choice. Staff and records confirmed this.
- Relatives told us although they felt their relative was given enough to eat and drink the menu often contained a lot of carbohydrates, such as chips, mash potato and potato wedges.
- A relative told us, "I think the food is ok, [relative] never complains, [relative] likes salads."

- The registered manager told us the menu options were based on people's choices. We reviewed the last two weeks menu and noted meals included various food options which showed people received a balanced meal.
- We found some foods such as tomatoes and lettuce had gone beyond their best before date which was immediately removed by the registered manager who told us they would address this with staff. Although this did not pose any risk to people, this meant the quality of the food may change and the flavour and texture might not be as good. This is as advised by the Food Standard Agency (an independent Government department that protects public health and consumers' wider interests in food) who also recommends 'best before date will only be accurate if the food is stored according to the instructions on the packaging.'

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support to manage their healthcare needs. Staff worked in partnership with other agencies to ensure people received specialist advice when needed. Records confirmed this.
- Relatives told us staff were responsive to their family member's needs. A relative told us, "[Staff] do inform me when [relative] visits the GP."
- Care plans contained information about people's health histories, this offered guidance to staff about how to identify changes in people's health.

Adapting service, design, decoration to meet people's needs

- The environment was clean and met people's needs. A range of different spaces were available for people to use to spend time with family members who visited, socialise and spend time alone if they wished to do so.
- Where people had sensory needs related to their sight, we observed areas such as their bedroom and the communal toilet doors had been marked using a special material. This helped them to meet the person's needs and promote their independence, as well as manage the environment to avoid causing them any distress.
- We found kitchen cupboards broken and peeling in areas, radiators in a communal bathroom and communal toilet were rusty and paint was peeling from the radiators in several places. The registered manager told us the kitchen had been renewed two years prior to our visit but had been damaged over time. These and other repairs had been previously identified by the registered manager who told us the maintenance person was currently absent and due back the week following our visit. However, we were unclear when these repairs would be completed, including the replacement of the kitchen cupboards and the radiators.

We recommend the provider develops a clear action plan with short term deadlines for repairs to be completed.

Ensuring consent to care and treatment in line with law and guidance

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were being deprived of their liberty referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- DoLS authorisations from the local authority were in place for five of the nine people living at the home. Records showed outstanding authorisations had been chased by the service. However, the registered manager had not submitted notifications to CQC for authorised DoLS as required to do so.
- Relatives told us people were asked for their consent before care was provided to them.
- Staff completed training to help them understand the principles of the MCA and understood the importance of gaining people's consent before providing care and support and giving choice.
  - Staff encouraged people to make choice. A staff member said, "For every resident each morning, I take out multiple outfits or let [people] pick out their own, making sure it is appropriate for the weather. I let them pick shower gel and products they want to use." This meant people were given choices about their care.
  - The registered manager told us as a manager he would expect staff to knock at people's door and explain what they were going to do. If person refuses, staff should respect their wishes and give choices.
  - The registered manager told us they had obtained people's consent to take photos. However, this was not in care records reviewed. The registered manager told us this was a verbal conversation with people and their relatives but reassured us that they would update their records accordingly.
  - This was confirmed by two of three relatives we spoke with in regard to consent. One relative said, "I know there's pictures, I have [power of attorney of finances and well-being] and am fully informed. The manager is brilliant." Another relative told us although they had been involved in their relatives care plan, they had not in regard to consent for photographs.

We recommend the provider seeks advice from a reputable source in relation to obtaining consent and the requirements of the Mental Capacity Act.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us they felt staff were caring and kind and treated their relative well. A relative told us, "Some of the staff are really actually good. [Staff member] always offers me a drink. I feel good that [staff member] is looking after my [relative]."
- Staff were aware of people's diverse needs and how to support them. A staff member told us, "You should approach care in a person-centred way, [people's] sexuality should not affect how they are cared for. [People who identify as lesbian, gay, bisexual or transgender] should be given equal opportunities and treated fairly, and care tailored to them."
- People's cultural and religious needs were taken into account and respected. A staff member told us, "[Person] is Muslim and doesn't eat pork, they have halal meat, it's all in their care plan." Records confirmed this.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views as far as possible through regular service user meetings. Agenda items included, menu, activities and outings, likes and dislikes and concerns and complaints.
- Most relatives told us they were involved in decisions about their relative's care. A relative told us, "If anything is going on they let me know. The keyworker called with the outcome of a health visit, [staff] always do [call] no matter what is going on they let me know."
- The registered manager told us they regularly spoke with relatives and had a good relationship whereby they are able to contact them at any time.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us they felt people were treated with dignity and respect and their independence encouraged. A relative told us, "I would hope so, there has never been anything of concern."
- The registered manager told us, and records showed staff had completed training in dignity and respect.
- Staff gave us examples of how they ensured people were treated with dignity and respect. A staff member told us, "If going into bedrooms I would knock the door, say good morning and have a chat, allow [person] to pick out their clothes and wait outside when using the toilet."
- Staff provided examples of how they encouraged people to maintain their independence. A staff member told us, "[Person] dresses themselves and takes clothes down to the laundry."
- Each person had a separate self-help tasks care plan, this enabled staff to promote people's independence by assessing their ability to carry out daily tasks using a scoring system. Staff were able to use this information to identify the areas where people were able to participate in specific tasks, such as

clearing the table or taking their clothes to the laundry room.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans which focused on their individual needs.
- Care plans were reviewed regularly, and any changes were shared with staff to ensure people received care that met their current needs. Relatives told us they were kept up to date with any changes in people's health.
- Staff knew people's needs and were able to tell us how people liked to be cared for.
- A relative told us they were not asked whether their relative preferred a male or female staff member to provide personal care but assumed a female staff member would be providing this care. The registered manager confirmed people's preferences were taken into account and their policy was to ensure a female staff member provides personal care to female residents. This was confirmed by staff.
- Daily records documented how people spent their day, however, these did not always provide details of the personal care provided to people. The registered manager accepted the need to ensure these records provided more detail in relation to the personal care provided to people who used the service, such as whether people had a bath or shower. This meant we could not be sure that care was delivered in line with people's plan of care.

We recommend the provider seeks guidance and support from a reputable source in relation to good practice in record keeping.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in their care plan.
- Pictorial communication systems were implemented in accessible formats to enable people to make some decisions about their care. This included, fire evacuation procedures and the complaints procedure.
- The registered manager was aware of AIS and told us of plans for the provider to produce easy read pictorial care plans.
- Staff gave us examples of how they communicated with people who were non-verbal. A staff member told us, "You get to know [people]. If [people] want something they do make it known, they make actions. For example, one person taps their belly [if they want something to eat]."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with those who were important to them. Relatives told us they were welcomed by staff during their visits. A relative commented, "Oh yes definitely [made to feel welcome], [staff] are very good with me. They are kind, they always make me a nice cup coffee."
- People attended a day centre from where they participated in various activities in the community, including swimming, arts and craft and dancing with staff from the home.
- One person told us, they liked to go swimming and listening to music. We saw that this was facilitated by the day centre. This was also documented in the person's care plan.
- During the weekends some people visited relatives and others took part in activities at the home such as mini bus rides, watching TV or playing computer games.

Improving care quality in response to complaints or concerns

- The registered manager told us, and records showed there had not been any formal complaints since our last inspection in August 2017. We noted two informal complaints which had been logged and resolved.
- Systems were in place for dealing and acting on complaints.
- A relative told us, "I know how to make a complaint." Another relative told us their complaint had been dealt with to their satisfaction.
- The registered manager told us in order to promote the complaints procedure, they had an open-door policy whereby family members are able to approach them with their concerns. "We keep in touch; most families have my mobile number and can call me at any time.... I want the best for [people who used the service]."

End of life care and support

- Records showed people's end of life wishes were included in their care plan
- At the time of our inspection no one at the home was receiving end of life or palliative care.
- Policies and procedures were in place and provided guidance to staff on what to do should end of life care be required.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated a good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Various audits were carried out to ensure the quality of the service, including medicine, health and safety checks, infection control and care records. Although audits of food had been carried they had failed to identify foods that had passed their best before date. Care plans relating to people whose behaviours challenged the service were not always followed by staff. Not all staff had training in working with behaviours that challenged the service. This may have put people at risk of harm and receiving unsafe care. Records relating to people who used the service did not provide details of the personal care provided to people who used the service.

The above issues were a breach of Regulation 17 of the Health and Social Care Act (Regulation) Regulation 2014.

- The provider is required by law to submit notifications of incidents or events to the Care Quality Commission, however they had failed in their responsibility to submit two incidents resulting in treatment for injuries sustained and DoLS notifications for people deprived of their liberty where these had been authorised.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager has been responsive and took immediate action to address the concerns raised during our visit. For example, all relevant notifications to CQC were submitted in retrospect.
- The staffing structure consisted of the registered manager, a senior shift leader and support workers. The registered manager was clear about their role and responsibilities.
- The registered manager told us duty of candour is about, "Having good systems in place where people feel safe and staff are well trained. Upholding your responsibilities to CQC and the local authority and learning when things have gone wrong. I have never thought I wasn't transparent I do inform the relevant people."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager understood the importance of equality and providing a service that met the diverse needs of people.

- Relatives told us they were asked their views about the service. A relative told us, "I fill in one of them [questionnaire] once a year. They ask if I am happy with the service."
- Records showed staff had completed a survey in January 2020. This showed most staff were happy with their work environment.
- People were asked their views about the service and the results indicated that overall people were happy living at the home. We noted that these had been completed by staff, which restricted people's ability to fully express their opinions.

We recommend the provider seeks guidance and support from a reputable source in relation to obtaining impartial feedback from people who used the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told they had an open-door policy.
- Relatives told us they felt the service was well run. Comments included, "Brilliant [well-led], [registered manager] is alright. [Relative] goes on holiday once a year, I am happy with [service] I know they look after [relative] and appearance is good, [relative] looks nice," and "Yes, definitely. I hope [registered manager] stays."
- Staff spoke positively about their work and the people who used the service. They felt supported and said they could approach the registered manager at any time with their concerns or for advice.
- Regular staff meetings took place where staff said they felt able to make suggestions about the running of the service. A staff member told us about a recent event where people who used the service had attended the day centre; using an interactive game console, they were able to encourage people to participate in a dancing activity. This resulted in a positive outcome for people who used the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us company development meetings were held on a quarterly basis. This provided an opportunity for senior staff to discuss changes and areas where improvements can be made to benefit the home and provide a better service. For example, the introduction of a new interview procedure for new applicants.
- The service worked in partnership with other agencies to ensure people's health needs were met. Records confirmed the service worked with various health professionals.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to assess the risks to the health and safety of service users by ensuring persons providing care and treatment had the qualifications, skills and experience to do so safely.</p> <p>12(1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems were effective in assessing and monitoring safety of the service provided. This placed people at risk of harm.</p> <p>17 (1)(2)(b)</p>