

PureCare Care Homes Limited

Rock House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was carried out on 17 and 23 September 2015. Our inspection was unannounced.

Rock House is a care home which provides accommodation, care and support for up to 15 people who are experiencing mental health difficulties. When we inspected, there were 12 people living in the home. The service was also registered for personal care. They provided outreach domiciliary care to people living in the community. There were 11 people receiving this service. We inspected both regulated activities.

The service 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 service is run.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

The provider had not always followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

Staff received appropriate training relevant to their job roles. Training updates and courses had been scheduled throughout the year. Staff received regular support and supervision from the management team. Staff knew and understood how to safeguard people from abuse. Some staff had attended safeguarding training, some staff had not yet completed this.

Risks to people had been identified. Systems had been put in place to enable people to carry out activities safely with support.

The premises and gardens were well maintained and suitable for people's needs. The home was clean, tidy and free from offensive odours.

Medicines were appropriately managed, recorded or stored. People were supported to be as independent as possible with their medicines.

There were suitable numbers of staff on shift to meet people's needs. People receiving their support in the community confirmed that they received their support at the right time.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes.

People had access to drinks and nutritious food that met their needs and they were given choice.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

People told us staff were kind, caring and communicated well with them. Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities.

People had been involved with planning their own care. Staff treated people with dignity and respect. People's information was treated confidentially and personal records were stored securely. People were able to receive visitors any reasonable time.

People's view and experiences were sought during meetings and surveys. Relatives were also encouraged to feedback about the service by completing questionnaires. There was a complaints procedure in place, complaints forms were available to people.

People were encouraged to take part in activities that they enjoyed, this included activities in the home and in the local community. People were supported to be as independent as possible.

Healthcare professionals told us that the home was well run. Staff were positive about the support they received from the senior managers within the organisation. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift were documented, they were detailed and thorough.

The provider and registered manager had notified CQC about important events such as injuries, incidents and safeguarding concerns these had been submitted to CQC in a timely manner.

Audit systems were in place to ensure that care and support met people's needs and that the home was suitable for people. Actions arising from audits had been dealt with quickly.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Effective recruitment procedures were not always in place. There were sufficient staff on duty to ensure that people received care and support when they needed it.

Staff had a good knowledge and understanding on how to keep people safe. Safeguarding policies and procedures were in place.

Medicines were appropriately stored and administered. Risk assessments were clear and up to date so staff had clear guidance in order to meet people's needs.

The home and grounds had been appropriately maintained. Repairs were made in a timely manner.

Requires improvement



Is the service effective?

The service was effective.

Staff had received training relevant to their roles. There was a training plan and schedule in place. Staff had received supervision and good support from the management team.

People had choices of food at each meal time which met their likes, needs and expectations.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People received medical assistance from healthcare professionals when they needed it.

Good



Is the service caring?

The service was caring.

The staff were kind, friendly and caring.

People and their relatives had been involved in planning their own care. Advocates were used to support people to make decisions.

People were treated with dignity and respect, their records and information about them was stored securely and confidentially.

Good



Is the service responsive?

The service was responsive.

People's care plans were person centred. They had been reviewed and updated regularly to reflect changes in people's needs.

Good



Summary of findings

People and their relatives had been asked for their views. Their views were listened to and acted on.

The complaints policy was prominently displayed in the home.

People were encouraged to participate in meaningful activities, which included participation in the local community.

Is the service well-led?

The service was well led.

The management team carried out regular checks on the quality of the service.

The leadership within the home enabled staff to learn and develop within the organisation.

The service had a clear set of values and these were being put into practice by the staff and management team.

Good



Rock House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 23 September 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to

make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spent time speaking with five people. This included one person who received care and support in the community. We observed staff interactions with people and observed care and support in communal areas. We spoke with 8 staff including the handyperson, project manager and the registered manager.

We contacted health and social care professionals to obtain feedback about their experience of the service. We met with a visiting psychiatrist.

We looked at records held by the provider and care records held in the home. These included five people's care records, risk assessments, eight weeks of staff rotas, four staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys and other management records.

We last inspected the service on the 24 September 2013 and there were no concerns.

Is the service safe?

Our findings

People told us that they felt the service was supportive. One person said, “I feel safe, but sometimes I worry that the staff won’t be able to deal with some behaviours.” Another person said “The staff are nice and very helpful and responsive to my needs. I have lived in many places and used a lot of services and this is one of the better ones and is relaxed”. One person who received care and support in the community told us “I feel very safe, there’s 24 hour staff, they are only a knock away”. They explained that staff were present within an office within the building. This person said that staff supported them to take their medicines each day.

We observed one incident during the time of the inspection which highlighted the reflective and sensitive application of care. One person felt uncomfortable by the presence of the inspection team. They became unsettled and anxious. We observed that a staff member talked with them and encouraged the person to talk to them and sit with them somewhere where they felt more safe and calm to allay their fears.

Recruitment practices were not always safe. The project manager told us that robust recruitment procedures were followed to make sure only suitable staff were employed. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff employment files showed that references had been checked. Two out of four application forms did not show a full employment history. One staff member had a gap of five years. Interview records did not evidence that these had been investigated by the provider. Another staff file evidenced that the staff member had not been interviewed under formal processes as they had transferred from an agency. There was no employment history listed on the staff members file. Therefore, it was not possible to identify if there had been gaps in employment.

The examples above were a breach of Regulation 19 (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff training records showed that eight out of 15 staff had completed safeguarding training. Three staff were new and had been employed within the last three months. Safeguarding training was carried out in the service by a trainer on the second day of our inspection. Eight staff attended this; six of these were completing the training to refresh their knowledge. Six staff (including one staff member on maternity leave) had not completed the training at all, which meant they may not have the knowledge to keep people safe. Staff we spoke with understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns. This was evidenced by the quick action and reporting of an incident that had escalated in the week before we inspected the service. Systems were immediately put in place to ensure that people were safe. The visiting psychiatrist commended the quick action of staff on identifying the signs of potential abuse and taking quick action. Effective procedures were in place to keep people safe from abuse and mistreatment.

We observed that there were suitable numbers of staff on shift to meet people’s needs. The staffing rotas showed that there were plenty of staff, on occasions this was reduced due to staff sickness. Agency staff had been booked to cover shifts when this happened. Staff told us that the project manager and registered manager also support them on shift when required, such as when people were in crisis, when staff are off sick or in training. People who received their support in the community received their assessed level of support at the right time by staff they knew well.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks relating to day to day support and activities. For example, risk assessments were in place to ensure people were safe when accessing the community, using razor blades to shave, taking prescribed medicines and using the gym. Risk assessments gave clear guidance to staff about safe

Is the service safe?

working practices, in areas such as, keeping sharp items such as knives and razor blades in secure areas to prevent misuse. The risk assessments were reviewed regularly and we noted that people had signed these and their care plans to demonstrate consent. Staff were able to provide care which was safe and met each person's needs.

Lone working procedures were in place to support staff working with people in the community. Staff had a good system which recorded when staff members had made contact and what to do if they had not or if they requested help. This ensured that staff working in the community were safe and had support when they needed it.

The premises were generally well maintained and suitable for people's needs. Fire extinguishers were maintained regularly. Fire alarm tests had been carried out. Staff confirmed that these were done weekly. Records showed that emergency lighting had also been tested weekly. Any repairs required were generally completed quickly. For example, on the day we inspected the hot water stopped working. This was reported immediately to the handyperson who fixed this before we left. However, one person's bedroom window had been assessed as being unsafe some months before we inspected. The handyperson had temporarily made the window safe, but a new window had not been ordered in a timely manner. The registered manager confirmed with us that quotes for the new window was being obtained. Bedrooms had been decorated and furnished to people's own tastes. We observed that the areas of the home which had been

assessed as unsafe for people to enter without support, such as the gymnasium, laundry room and kitchen were locked and secure. The kitchen and bathrooms contained key coded locks to restrict access in order to keep people safe.

Medicines for the week were securely stored in medicines safes within each person's room. Stocks of medicines were held securely in the service's medicines room. Temperatures of all medicines storage was checked and recorded daily, and these records were up to date.

We observed a trained staff member administering people's medicines during the home's lunchtime medication round. The staff member checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. People were encouraged to be as independent as possible with their medicines. For example, one person was able to recall what medicines they took and were able to remove the tablets from the packaging. Medicines were given safely. Staff discreetly observed people taking their medicines to ensure that they had taken them.

The home was clean, tidy and free from offensive odours. Staff followed control of substances hazardous to health (COSHH) guidance to ensure that cleaning products were safely stored and used.

Is the service effective?

Our findings

People told us that the staff met their needs effectively. People told us they felt well supported and valued. One person told us that they would like more clarity over their finances. They said, "It would be good to know how to access details of my care, but this is often between the manager and the appointee to my affairs". They went on to say "I know I have money and I have an appointee, which I know the reason why this is present. But I would like to know more information about correspondence and communication. It would help to provide more information and also trust". One person told us, "The door in the hall here next to the sitting area, bangs, bangs all the time. It bangs all day with people walking through and there is no door stop. This upsets me, as we have our meals in here and there's often two televisions on as well. It's too much". One person who received support in the community told us that staff helped them manage their anxiety and provided reassurance. They also said that staff, "Let me make my own decisions". We spoke to the registered manager about the issues raised and they agreed to try and resolve these.

We observed that staff understood the needs of people. This was evidenced when staff sensitively communicated with a person when the person was feeling upset. We also saw that people were offered one to one time with staff to talk and explore their needs for the day ahead. Staff told us that when people's mental health deteriorated they supported the person by completing tasks for them such as food shopping to ensure they had enough food and drink.

Most staff had received training and guidance relevant to their roles. Training records evidenced that 13 out of 15 staff had attended medication training. Nine staff had completed health and safety training; four staff were in the process of completing this. Safeguarding and infection control training was taking place during our inspection, which eight staff attended. Six staff in total had completed person centred planning training. There was a rolling programme of training planned throughout the year. Staff told us that they had opportunities to complete qualifications. A number of staff were in progress with their qualification. One member of staff gained their certificate during the inspection to evidence they had completed.

They received praise from the management team and they were offered to further their qualification by completing the next level. People received care and support from staff that had been trained to meet their needs.

Staff received regular supervision from their manager and annual appraisals, during which they and their manager discussed their performance in the role, training completed and future development needs. Staff felt they received good support from the management team in order to carry out their roles. Staff told us, "The management team is very supportive"; "I feel well supported by the manager" and the management team "Try their damndest to support you, both at work and personally".

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff evidenced that they had a good understanding of the MCA and DoLS. For example, one staff member explained to us that people have a right to make decisions which others may consider to be a bad decision. Another staff member told us that capacity must always be assumed. There was evidence within people's care files that capacity assessments and best interests meetings had been completed lawfully.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. None of the people were currently subject to a DoLS. The management team understood when an application should be made and how to submit one.

The handovers between staff going off shift and staff coming on shift were documented. This included information about any medical concerns and the emotional wellbeing of people who lived in the home. This ensured that information was passed on and documented appropriately.

People were supported by staff to purchase, prepare and cook their own meals. People choose what they wanted to eat, when they wanted to eat it. Several people needed support to ensure that they ate a balanced low sugar diet. Staff supported people with this to ensure that they maintained good health. Records showed what people had cooked and eaten on a daily basis. One person's records

Is the service effective?

showed that staff recorded the amount of fluid the person had in a 24 hour period. This ensured that the person didn't become unwell. There were clear care plans and risk assessments in place relating to this restriction. People's weights were monitored and recorded regularly. If people were prescribed a particular medicine, their weights were monitored weekly. This was because a common side effect of this medicine was weight gain. People not on this medicine had their weights monitored monthly. This meant people's nutrition and hydration needs had been met and effective monitoring was in place to sustain good health.

People told us that sometimes the kitchen could get quite crowded at meal times because a number of people chose to cook and eat their meals at a similar time. One person said, "We all make our meals at roughly the same time in the one kitchen, the one kitchen isn't big enough. It gets too busy and noisy and sometimes people sweep round me, when I am preparing my food which I do not like".

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were unwell or advancing into crisis. Staff spent time with people to identify what the problem was and sought medical advice from the GP, psychiatrist and others when required. People had a health action plan

in place. This outlined specific health needs and how they should be managed. Records evidenced that people had been seen by their GP, chiropodist, optician, social services, community psychiatric nurse, psychiatrist and relatives when necessary. People received effective, timely and responsive medical treatment when their health needs changed. The visiting psychiatrist gave us positive feedback about the service. They told us "Staff are very resident focussed. The service provides a very holistic package". They went on to say that "Staff respond to people's needs, they read changes and relapse indicators and make contact with me and the clinical team".

When people's mental health had declined staff did all they could to support the people to manage their lives. During our inspection one person was not well enough to leave the home to have their antipsychotic injection. The staff arranged for a healthcare professional to visit the home and administer the injection. We also observed two other examples of good practice relating to staff supporting people's physical health needs. For example was where a person had their fluid intake managed due to a health condition, clear records and checks were made to ensure the person did not exceed their daily fluid intake which ensured this person stayed healthy and well.

Is the service caring?

Our findings

People told us that staff were respectful and kind. One person told us, “I have come on a lot since I am here, I feel more at ease and comfortable. The staff also help me maintain contact with my daughter. It is hard for us both to meet as she lives a distance away and twice a year I visit them on the coach.” People felt that staff were positive and friendly. One Person said, “I have been in different places and used services for a long-time. I would rather be back where I am originally from, but the staff are good here, when I compare here to my different experiences”. One person who received support in the community told us that “Staff are kind and polite. Staff knock on my door they totally respect me”.

The visiting psychiatrist told us they visit the home regularly. They said that staff knew people well and “Staff always treat people with dignity and respect”. They explained that they trusted the service to work with people to make the right decisions and support people to move on to independence.

Staff knew people well. People’s personal histories were detailed in their care files which enabled new staff to know and understand people and their past. Each person had a ‘My road to recovery’ plan which detailed their life history, who was important to them, things that were important to them, and a list of things that concerned them. The plan detailed what may trigger poor mental health and what staff could do to support each person to maintain good mental health.

Positive interactions were observed between staff and the people who lived at the home. People were offered reassurance when it was needed. For example, one person was offered protected time to discuss their coping, ideas around recovery and areas they felt they needed support with such as physical care needs. This was supported by structured prompts which were on a template to record this information.

Staff were aware of the need to respect choices and involve people in making decisions where possible. Staff told us that they provide prompts and encouragement to people to close doors when they are dressing and undressing. Staff explained where high risks had been identified when

people were bathing, staff monitored baths from outside the bathroom door to ensure the person could bath privately but safely. Risk assessments documented the full reasons for this and provided staff with clear guidance.

People had been involved with planning their own care. There was evidence of this within care plans. Where people had made decisions about their lives these had been respected. Staff had supported people to finding suitable holidays to ensure they had a break away. One person was supported by staff during the inspection to go away on a short break.

Advocacy information was on display in the home. An advocate visited the home once a month to offer support to people. During the inspection the advocate visited. They explained they were working with three people and provided a drop in service once a month.

Staff spoken with were aware of the need to maintain confidentiality. A staff member told us “We can’t disclose information to others without prior consent”. People’s information was treated confidentially. Personal records were stored securely. People’s individual care records were stored in lockable filing cabinets in the office to make sure they were accessible to staff. We saw evidence that people were asked before information was shared with people. Several people’s files showed that they had not consented for certain information about them to be shared with their families. Staff respected this.

People told us that they could have visits from their friends and relatives when they wanted. People were supported to maintain relationships with their relatives, this included support to travel to see relatives living further away. People engaged in wider community participation with their own interests and also had friends over to stay. One person told us, “My friend is staying over tomorrow night and she comes over regularly. We have a good chat and go out for something to eat. And we go to karaoke with the staff. I enjoy having my friend over, it feels comfortable for me to be able to spend time doing the things I enjoy”. One person who received their support in the community told us that they are not restricted and are free to be as independent as possible. They told us, “I go and see my friends. Staff listen to me, they always listen”.

Is the service responsive?

Our findings

People told us they knew who to talk to if they were unhappy. One person who received their support in the community told us, “I’ve been here a year and not had to complain, I’m happy with all staff”.

We saw that the care was person-centred and reflective. This was evidenced by people being given protected time for conversation regarding care needs. Staff responded to people’s changing needs and supported people to take control of their lives. When people were experiencing poor mental health staff did everything possible to support them to function and provided extra support to ensure their physical health did not deteriorate.

People took part in a number of activities based on their individual preferences. People chose their own activities, hobbies and interests to suit their needs. Some people went out to local colleges and courses. People were active members of their local community. People told us they visited local shops, went out for meals and went out to events such as karaoke. One person told us they were supported by staff, twice a year to visit relatives who lived a long distance away.

The service didn’t have a lift. Staff explained that reasonable adjustments had been made to meet one person’s needs. They said, “We have one person who we have offered a room downstairs near the door, due to accessibility and this supports their independence and mobility”.

People’s ‘My road to recovery’ plans listed types of behaviour that each person displayed which would indicate a decline in their mental health. The plan detailed what each person could do to prevent a relapse. For example, one detailed that the person could take their medicines as prescribed, talk to staff and to talk to other health professionals. The plans also included information about how people communicate and anything that would make them anxious. Staff were aware of how they should support people in a positive manner.

Care plans were in place that documented how people should be supported with their personal care. These were detailed and ensured that staff had clear guidance concerning how to support people appropriately. For example, it was documented how one person should be supported to shave.

People were allocated a staff member who was a collator. The collator’s role was to be a central point of contact for the person. Each collator met with the person they worked with on a monthly basis to talk with them about key aspects of their life. For example they discussed physical health, any appointments, any issues, concerns and activities. The meetings were recorded and records were signed by the staff member and the person. One person told us, “We had meetings, but no one turned up for them and so it was changed”. A member of staff said, “We felt that due to people not attending the meeting, it was better to offer time to get people’s personal opinions individually, so these were not missed at all. It also ensures that their health needs are discussed and they can set goals and talk privately”. This enabled the provider to gain feedback from people on a monthly basis.

People living at Rock House had completed feedback surveys. The completed surveys had been analysed to show the feedback. The feedback was mixed. For example, 29% of people said they were extremely satisfied with care and support, 21 % of people said they were very satisfied, 29% quite satisfied, 14% neither satisfied or dissatisfied and 7% was extremely dissatisfied. Where neutral or negative feedback had been received, the registered manager had arranged for meeting with the person. An action plan had been created to address the issues. We saw that five action plans had been developed and actions had been completed.

People receiving support in the community had not yet received surveys. The registered manager told us that they planned to send these surveys out to people shortly.

Relatives were encouraged to provide feedback about the service provided to their family members. Surveys had been sent to relatives in June 2015. We viewed the two responses that the provider had received. The survey results were positive. They evidenced that relatives had found the staff to be polite and courteous. One survey praised an individual member of staff, ‘We would just like to say that we think (staff member) is outstanding, thank you’.

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display within the home. Complaints forms were available and these were in an easy read format to support the communication needs of people. The policy included information about

Is the service responsive?

other organisations that could be approached if someone wished to raise a concern outside of the home such as the local government ombudsman. We viewed complaints records and saw that there had been one complaint within the last year. This had been thoroughly investigated and the complainant had received a written response within the stated timescales.

The service had received some compliments from relatives and people who had lived at the service. One read, 'Thank you so very much having me to stay, it's a great pleasure and relief to take this final journey pathway back to a full life with your much welcomed care and support'. Another read, 'Thanks for helping me to gain enough confidence to be fully independent. I am so grateful for all the help and support'.

Is the service well-led?

Our findings

People knew staff and the management team well. People told us that the staff listened to them. One person told us, “I feel crowded and feel if I had more space to make my meals I would be calmer and feel better”. We saw that this person had been working with staff to address some concerns they had in relation to living in the home and in a shared environment.

Staff were positive about the support they received from the senior managers within the organisation. They felt they could raise concerns and they would be listened to. One staff member said that the culture was good, “If mistakes are made we discuss things together and look at how we can fix things, we are very open”. Staff told us that they were happy working at the home.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. The home had a clear whistleblowing policy that referred staff to Public Concern at Work, an organisation that supports staff who feel they need to blow the whistle on poor practice, as well as other organisations. Effective procedures were in place to keep people safe from abuse and mistreatment.

Staff told us that communication between staff within the service was good and they were made aware of significant events. All staff had company email addresses which were used frequently to provide updates about people and any incidents that had occurred. A staff member told us that “There is input from everyone, we all support each other”. Staff felt there was an open culture at the home and they could ask for support when they needed it. Staff told us that senior managers and the provider had a presence within the home and they were approachable if they had any concerns or comments.

Feedback about people’s views and experiences were gathered in a number of ways, such as one to one meetings, house meetings and surveys. House meetings were scheduled to take place on a monthly basis at Rock House. The meetings for June, July and August 2015 had not taken place. The records for these meetings showed that staff had asked people if they had any issues, concerns or items they wished to discuss. People had declined and therefore the meetings were cancelled. We reviewed the

meeting records from May 2015, the records showed that eight people attended the meeting and items discussed included; Television, house cleaning, smoking, fire alarm, fire exits and access to the office.

Staff were clear about the aims and values of the service. We observed that staff delivered high quality support, assisted people to exercise their rights, valued people, listened and worked with people and provided support to access the local community. There were information packs and leaflets available within the service which described what people could expect from the service. Staff told us that this information was kept in people’s care records. Copies of leaflets and information packs were also on display in one of the communal rooms.

The management team showed that they were committed to ensuring the aims and values were met by dealing with concerns appropriately. When there had been issues with staff conduct, these had been investigated, meetings had been held to discuss expected standards and monitoring processes were put in place. When performance had not improved the management team had taken appropriate action to ensure people received the standard of care and support the service promised. The management team explained that performance was discussed during supervision meetings with staff. Staff confirmed that they received feedback about their working practice during these meetings.

A range of audits were in place to enable the management team to monitor the service. Staff were allocated lead roles within the service to ensure that certain tasks were completed. Staff were allocated these roles for health and safety, repairs and maintenance, infection control, medicines and care planning. The staff allocated these lead roles carried out audits and checks regularly, the results of which were reported to the management team in the form of report. Records were completed and actions taken were proportionate. For example, one of the infection control audits and observations had identified some concerns regarding infection control practice. This had been recorded; an action plan developed and discussions took place in a team meeting about the areas of improvement needed.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

Is the service well-led?

The registered manager and project manager a good understanding of their role and responsibilities in relation to notifying CQC about important events such as abuse, serious injuries, major incidents and DoLS. Notifications of such events had been made in a timely manner.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Personal care	A full employment history had not been gained for all staff employed as required under Schedule 3. Regulation 19 (2) (a) (3) (a)