St Philips Care Limited

Roxholm Hall Care Centre

Inspection report

Roxholm
Sleaford
Lincolnshire
NG34 8ND

Tel: 01526832128
Website: www.stphilipscare.com

Date of inspection visit:
04 December 2017

Date of publication:
09 February 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected the service on 4 December 2017. The inspection was unannounced. Roxholm Hall Care Centre 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.

Roxholm Hall Care Centre is registered to provide accommodation and personal care for 39 people. The service can provide care for older people and for people who live with dementia and/or who have physical adaptive needs. There were 26 people living in the service at the time of our inspection visit.

The service was run by a company who was the registered provider. There was a registered manager in post. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 13 December 2016 the service was rated, 'Requires Improvement'. Although there were no breaches of the regulations we found that improvements were needed to ensure that people reliably benefited from receiving safe care. This was because there were not always enough care staff on duty, medicines were not stored correctly and people had not been fully protected for having avoidable accidents. In addition, we found that people could not always access money that had been left with the service for safekeeping. Furthermore, background checks had not always been completed before new care staff were appointed.

We also found that improvements were needed to ensure that people received an effective service. This was because robust arrangements had not always been made to support people to give their consent to the care and treatment they received. In addition, we found that people who lived with dementia did not always receive responsive care if they became distressed and needed reassurance. We noted that all of our concerns had occurred because the service was not well led. In particular, the registered persons' quality checks had not been rigorous and had not quickly addressed problems in the running of the service.

At the present inspection we found the individual concerns we had previously raised in relation to the service providing safe, effective and responsive care had been addressed. However, we also identified some further concerns that reduced the registered persons' ability to consistently deliver safe care. We also found that there was a breach of regulations in that the registered persons could not suitably assure us that the service was well led. This was because they had not made suitable provision to involve people who lived in the service and relatives in shaping any improvements that were made. In addition, quality checks were still not being completed in the right way so that problems in the running of the service could quickly be addressed. You can see what action we have told the registered persons to take at the end of the full version

of this report.

Our other findings are as follows. Sufficient steps had not always been taken to prevent and control infection. In addition, some medicines had not been administered in the right way. Furthermore, the arrangements used to learn lessons when thing had gone wrong were not robust. However, in practice risks to people's safety had been managed so they were supported to stay safe while their freedom was respected. In addition, people had received the support they needed if they had become distressed and were placing themselves and others at risk of harm. Also, there were suitable systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service. In addition, background checks had been completed before new care staff were appointed.

Care staff had been supported to deliver care in line with current best practice guidance. People received the individual assistance they needed to enjoy their meals and they were helped to eat and drink enough to maintain a balanced diet. In addition, suitable steps had been taken to ensure that people received coordinated and person-centred care when they used or moved between different services. People had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support. Furthermore, people had benefited from the accommodation being adapted, designed and decorated in a way that met their needs and expectations.

People were supported to have maximum choice and control of their lives and nurses and care staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. In addition, confidential information was kept private.

People received personalised care that was responsive to their needs. As part of this people had been offered opportunities to pursue their hobbies and interests. People's concerns and complaints were listened and responded to in order to improve the quality of care. In addition, suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a registered manager. They were promoting a positive culture in the service that was focused upon achieving good outcomes for people. They had also taken steps to enable the service to meet a number of regulatory requirements. Care staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. In addition, a number of measures were in place to promote the financial sustainability of the service. Furthermore, the registered persons were actively working in partnership with other agencies to support the development of joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not fully protected by the prevention and control of infection.

The arrangements used to learn lessons when things had gone wrong were not robust. However, in practice people were supported to avoid preventable accidents while their independence was promoted. In addition, when people became distressed care staff had supported them so that everyone remained safe.

Medicines were not always being administered safely

Care staff knew how to keep people safe from the risk of abuse including financial mistreatment.

Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service to support people to stay safe and meet their needs.

Background checks had been completed before new care staff were appointed.

Is the service effective?

Good

The service was effective.

Care was delivered in line with current best practice guidance.

People received the individual assistance they needed to enjoy their meals and they were helped to eat and drink enough to maintain a balanced diet.

There were suitable arrangements to enable people to receive coordinated care when they used different services and they had received on-going healthcare support.

The accommodation was adapted, designed and decorated to meet people's needs and expectations.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion and they were given emotional support when needed.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

People's privacy, dignity and independence were respected and promoted.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People were offered opportunities to pursue their hobbies and interests and to take part in a range of social activities.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.
.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Suitable arrangements had not been made to assess, monitor and improve the quality and safety of the service.

There was a registered manager who was promoting an open culture in the service.

Care staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any

concerns.

Arrangements had been made to enable the service to maintain its financial sustainability.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

Roxholm Hall Care Centre

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 registered persons continued to meet 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 used information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 4 December 2017 and the inspection was unannounced. The inspection team consisted of two inspectors.

During the inspection we spoke with 12 people who lived in the service and with two relatives. We also spoke with a senior member of care staff, five care staff and the activities manager. In addition, we met with the registered manager and the regional director. We observed care that was provided in communal areas and looked at the care records for seven people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

After the inspection visit we spoke by telephone with a further two relatives.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "I'm pleased overall with this place as the staff are friendly and I like to have them around." A person who lived with dementia and who had special communication needs smiled and patted our inspector's hand when we asked them about their experience of living in the service. Most relatives were confident that their family members were safe. One of them remarked, "This is quite a good place really. There have been far too many changes of manager though and I really hope that the new one stays as she's pulling the service into shape." Another relative remarked. "If the new manager leaves I'll actively consider moving my family member to another service that's more settled."

We found that sufficient provision had not been made to protect people by the prevention and control of infection. Records showed that the registered persons had been advised by a partner regulator that a significant number of improvements needed to be made to promote good standards of hygiene in the service. We noted that some of these shortfalls had not been quickly addressed. Furthermore, the registered persons were not able to give us a definite timescale within which all of the necessary improvements would be made. These shortfalls had reduced the registered persons' ability to deliver harm-free care that helped people to avoid preventable infections.

We also found that some of the arrangements to ensure that lessons were learned and improvements made when things had gone wrong were poorly organised and recorded. Records showed that in the period since our last inspection visit a number of accidents and near misses had occurred in the service. The accidents had usually involved people having falls as a result of which they sustained minor injuries. When these occur it is important to establish what has gone wrong so that action can be taken to reduce the likelihood of the same thing happening again. However, some of the records we needed to see were not available, others were contradictory and others still were incomplete. These shortfalls increased the risk of mistakes being made and hazards being overlooked when plans were being made to help people keep people safe in the future.

Nevertheless, in practice a number of steps had been taken to help prevent accidents. These included hot water being temperature controlled and radiators being fitted with guards to reduce the risks of scalds and burns. In addition, some people had been provided with low rise beds so that there was less risk of injury if they attempted to get up without asking for care staff to assist them. Furthermore, care staff had been provided with written guidance and knew how to support people to stay safe in the event of an emergency such as a fire alarm sounding.

In addition to this, care staff were able to promote positive outcomes for people who lived with dementia. This included occasions on which they became distressed and needed assistance to keep themselves and other people safe. We noted that when this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who watched the activities manager dressing a Christmas tree in the main lounge. They expressed their anxiety about this change to the room by becoming loud and physically assertive. We noted that the activities manager quickly recognised that the person needed assistance. They helped the person to leave the room until they were

more at ease with the new festive decorations.

Some of the arrangements used to manage medicines were not robust. We examined three sets of the records care staff had created each time they had administered a medicine. One of these records showed that on one day a person had not been given any of their medicines. Although other records showed that the person's doctor was aware that they sometimes declined to accept their medicines, we could not be confident that this was the case for the day in question. We also noted that our own records showed that a number of errors had occurred in the administration of medicines in the period of time since our last inspection visit.

However in relation to these errors, the registered persons had not kept sufficiently detailed records to give us the assurances we needed that robust steps had been taken to prevent the same things from happening again. The registered manager assured us that steps would immediately be taken to address our concerns. This was so that lessons could be learned to ensure that medicines were consistently administered in the right way. In addition, we found that there were reliable arrangements for ordering, storing and disposing of medicines. There was a sufficient supply of medicines and care staff who administered medicines had received training. We saw them correctly following the registered persons' written guidance to make sure that people were given the right medicines at the right times.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. In addition, we noted that the registered persons had established robust and transparent systems to assist those people who wanted help to manage their personal spending money. This included the service's administrator keeping an accurate record of any money deposited with them for safe keeping and an account of any funds that were spent on someone's behalf. This arrangement contributed to protecting people from the risk of financial mistreatment.

In their Provider Information Return the registered persons told us that they had carefully established how many care staff and other members of staff needed to be on duty. They said that they had taken into account the number of people living in the service and the care each person needed to receive. However, the documents that related to these calculations were not available for us to see and so we could establish how robust the registered persons' assessment had been. Nevertheless, other records showed that sufficient care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum headline figure set by the registered persons. We also noted that during our inspection visit there were enough care staff on duty because people promptly received all of the care they needed and wanted to receive.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

Good

Is the service effective?

Our findings

People were confident that the care staff knew what they were doing and had had their best interests at heart. One of them said, "The staff here are very good and they help me a lot with everything I need." Most relatives were also confident about this matter. One of them said, "I find the staff to be very helpful and certainly they know what they're doing." However, another relative said, "There have been problems in the past but the new manager seems to have got them sorted and so let's hope that carries on."

We found that robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the registered manager carefully asking people if they had a preference about the gender of the care staff who provided them with close personal care.

Records showed that new care staff had received introductory training before they provided people with care. The regional director told us that in addition to this the registered person considered it necessary for care staff to have on-going training. This was so that they could keep their knowledge and skills up to date. However, we noted that records did not always accurately describe what training had been provided. In addition, there were examples of care staff not having received all of the training intended for them without there being any real plans to address the shortfalls. Nevertheless, we found that in practice care staff knew how to care for people in the right way. Examples of this were care staff knowing how to correctly assist people who experienced reduced mobility, who were at risk of developing sore skin or who needed help to promote their continence.

People told us that they enjoyed their meals. One of them remarked, "The food here is really rather good and certainly we always get more than enough." We were present at lunch time and we noted that the meal time was a relaxed and pleasant occasion. The tables were attractively laid with individual place settings and people were offered a choice of dishes which were well presented. People dined in a leisurely way and when necessary they received individual assistance from care staff.

We found that people were being supported to eat and drink enough to maintain a balanced diet. People had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that care staff were making sure that people were eating and drinking enough to keep their strength up. In addition, the registered manager had arranged for some people who were at risk of choking to have their food and drinks specially prepared so that it was easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. In addition, the service had prepared a 'hospital passport'

for each person. These documents contained key information likely to be useful to hospital staff when providing medical treatment. Another example of this was care staff offering to accompany people to hospital appointments so that they could personally pass on important information to healthcare professionals.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

We found that people's individual needs were suitably met by the adaptation, design and decoration of the accommodation. People were able to move about their home safely because there were no internal steps. There was sufficient communal space in the dining room and in the lounges. In addition, most areas of the accommodation were well decorated and comfortably furnished.

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 law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes and hospitals are 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 were being met.

We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. The registered manager and care staff were supporting people to make decisions for themselves whenever possible. They had consulted with people who lived in the service, explained information to them and sought their informed consent. Records showed that when people lacked mental capacity the registered manager had ensured that decisions were made in people's best interests. An example of this was the registered manager liaising with relatives and healthcare professionals when a decision needed to be made about people having rails fitted to the side of their bed. These can be helpful so that a person can rest safely in bed without accidentally slipping and falling onto the floor.

In addition, records showed that the registered persons had made the necessary applications for DoLS authorisations. Furthermore, they had carefully checked to make sure that any conditions placed on the authorisations were being met. These measures helped to ensure that people who lived in the service only received lawful care.

Good

Is the service caring?

Our findings

People were positive about the care they received. One of them remarked, "The staff are good and they're kind. I get on with them well." Relatives were also confident that their family members were treated with compassion and kindness. One of them remarked, "I've always found the staff to be fine and when I call to see my family member I see them and the other residents being well treated."

We saw that the service ensured that people were treated with kindness and that they were given emotional support when needed. Care staff were informal in their manner and were friendly when caring for people. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in their bedroom and chatting about the way in which dress fashions had changed over the years. Another example was a member of care staff reassuring a person that they had not lost their favourite cardigan. They explained that it was still drying in the laundry after just having been washed.

Care staff were considerate and we saw that a special effort had been made to welcome people when they first moved into the service. This had been done so that the experience was positive and not too daunting. The arrangements had included asking family members to bring in items of a person's own furniture so that they had something familiar in their bedroom when they first arrived. Furthermore, records showed that care staff gently asked newly-arrived people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family and friends who could support them to express their preferences. Records showed and relatives confirmed that the registered manager and senior members of care staff had encouraged their involvement by liaising with them on a regular basis. In addition, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. We noted that care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom that they had been encouraged to make into their own personal space. We also saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

We found that people could speak with relatives and meet with health and social care professionals in private if this was their wish. In addition, we noted that care staff were assisting people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. We saw

that written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People said that care staff provided them with all of the assistance they needed. One of them remarked, "They help me morning, noon and night and quite simply I couldn't manage without them." Relatives were also positive about the amount of help their family members received. One of them commented, "I know from how my family member is in themselves and from what they tell me that they get a lot of care from the staff. I've no concerns on that score at all."

We found that people received personalised care that was responsive to their needs. Records showed that care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records confirmed that people were receiving the care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, keeping their skin healthy and promoting their continence.

People told us that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. During the course of our inspection visit there was a lively atmosphere in the main lounge. In the morning a number of people were being supported to enjoy a hand-eye coordination game. In the afternoon, several people helped the activities manager to decorate a Christmas tree. We also saw other people receiving the individual assistance they needed to read magazines and to enjoy solving word puzzle games.

We saw that suitable provision had been made to acknowledge personal milestones. An example of this was people being helped to celebrate their birthdays in a manner of their choice. This usually involved the chef baking them a special cake. Furthermore, we were told that people had been enabled to share in community events. An example of this was people being helped to put their name on the electoral roll and being supported to cast their vote if they wished to do so. Another example was people being helped to take part in raising funds for national charitable events such as Children In Need.

We noted that care staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services. Furthermore, the registered manager recognised the importance of appropriately supporting people who choose gay, lesbian, bisexual and transgender lifestyles. This included being aware of how to help people to access social media sites that reflected and promoted their lifestyle choices.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. Records showed that when the registered persons had received a complaint the matter had been thoroughly investigated and resolved to the satisfaction of the complainant. We also noted that when necessary lessons had been learned to improve how the service was

run. One of these had involved the registered manager strengthening the way in which senior care staff passed information from one shift to the next. This had been done to address a small number of occasions on which misunderstandings between care staff had occurred that had led to some care tasks not being completed on time.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. We noted that the registered persons had made the necessary arrangements for the service to hold 'anticipatory medicines'. These are medicines that can be used at short notice under a doctor's guidance to manage pain so that a person can be helped to be comfortable. Records showed that the registered manager had consulted with people about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. We also noted that care staff had supported relatives at this difficult time. This included making them welcome so that they could stay with their family member during their last hours in order to provide comfort and reassurance.

Requires Improvement

Is the service well-led?

Our findings

People told us that they considered the service to be well run. One of them said, "I think it's fairly well sorted here. There are staff around, we get our meals and things seem to be okay." Most relatives were also complimentary about the management of the service. One of them remarked, "I think that the service is well managed in general and certainly it's much better since the manager arrived. But we need them to stay as in the past communication between care staff has been a problem."

However, we found that people who lived in the service and their relatives had not been fully engaged and involved in making improvements. We were told that people and their relatives had been invited to meet with the registered manager shortly after they took up their post in November 2017. This had been done so that people had the opportunity to suggest how the service could be improved. However, there were no records of what had been said at the meeting. Furthermore, there was no action plan for us to see showing how people's feedback was going to be implemented. We were also told that the registered persons invited people who lived in the service and their relatives to complete an annual questionnaire to comment on their experience of using the service. However, we found that this arrangement was not well organised. This was because the results obtained from the most recent questionnaires were not to hand. In addition, no one could tell us what feedback had been received and what (if any) changes had been made as a result of the contributions people had made.

In their Provider Information Return the registered persons told us that it was important to operate robust quality checks to ensure that people reliably received safe care. However, we found that quality checks had not always been completed in the right way. This had reduced the registered persons' ability to effectively identify and quickly put right problems in the running of the service. These shortfalls in the completion of quality checks had resulted in the concerns we have described earlier in our report. The concerns included the adequacy of the steps taken to prevent and control infection, learn lessons from accidents and near misses, safely manage medicines and provide planned training for care staff.

Failure to assess, monitor and improve the quality and safety of the services in the carrying on of the regulated activity (including the experiences of people receiving those services) was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post. They told us that they were committed to promoting a positive culture in the service that was focused upon achieving good outcomes for people. In addition, records showed that the registered persons had correctly told us about significant events that had occurred in the service. These included promptly notifying us about their receipt of deprivation of liberty authorisations so that we could confirm that the people concerned were only receiving lawful care.

We also found that the registered persons had taken a number of steps to develop the service's ability to comply with regulatory requirements. Records showed that the registered manager had subscribed to a number of professional websites in order to receive up to date information about legal requirements that related to the running of the service. This included CQC's website that is designed to give registered persons

information about important developments in best practice. This helps registered persons to be more able to meet all of the key questions we ask when assessing the quality of the care people receive. Furthermore, we saw that the registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.

We found that a number of systems were in place to help care staff to be clear about their responsibilities. This included there being a senior member of care staff who was in charge of each shift. In addition, arrangements had been made for the registered manager or the regional manager to be on call during out of office hours to give advice and assistance to care staff should it be needed. Furthermore, care staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that care staff were suitably supported to care for people in the right way.

Care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

We found that the registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included members of staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles.

We noted that the registered persons adopted a prudent approach to ensuring the sustainability of the service. This included operating efficient systems to manage vacancies in the service. We saw that the registered persons carefully anticipated when vacancies may occur so that they could make the necessary arrangements for new people to quickly be offered the opportunity to receive care in the service. In addition, records showed that the registered persons operated robust arrangements to balance the service's income against expenditure. This entailed the registered persons preparing regular updates about how much money had been spent and how much was left for the remainder of the financial year. These measures helped to ensure that sufficient income was generated to support the continued operation of the service.

We found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. One of these involved the service being part of a system jointly operated by the local authority and NHS that was designed to enable people to quickly leave hospital and move into a residential care setting as soon as their treatment was completed.

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 17 HSCA RA Regulations 2014 Good governance The registered persons had failed to robustly assess, monitor and improve the quality and safety of the services in the carrying on of the regulated activity (including the experiences of people receiving those services).