

## Medway Community Healthcare C.I.C

# Darland House

### Inspection report

29 Darland Avenue, Gillingham Kent ME7 3AL

Tel: 01634 852323

Website:

[www.medwaycommunityhealthcare.nhs.uk](http://www.medwaycommunityhealthcare.nhs.uk)

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The home had a manager who is registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service and

has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was not in day to day charge of the home, this had been delegated to the home manager.

This inspection was unannounced. Darland House is a home that was formerly part of the National Health Service (NHS) but has now become a social enterprise. There were 39 people living in the home when we inspected. Staff provided nursing care and support to adults diagnosed with dementia. Accommodation is spread over two floors, divided into four units. Each unit provided ten spaces for people who had high care dependency needs. High care dependency levels meant

# Summary of findings

that some people received care or nursing in bed, required specialist equipment to meet their needs or may have needed constant supervision or higher staffing input.

The provider had recruitment policies that had been followed. However, we found that recruitment had not fully complied with the requirements of the Health and Social Care 2008. The registered manager had not carried out robust checks which ensured that only suitable staff were employed to work with vulnerable adults. You can see what action we told the provider to take at the back of the full version of the report.

People received care from staff who had been trained to meet their individual needs. Staff had used good systems to help them quickly identify any changes in people's needs. Such as monitoring people's health and wellbeing and seeking people's views about their health. However, nursing staff were not able to describe to us how they could apply their training to emergency situations if people were choking or bleeding. You can see what action we told the provider to take at the back of the full version of the report.

Dementia could affect people's ability to make decisions and could impair their cognitive abilities. This meant that some people were able to tell us their views of the home, while others were unable to communicate this verbally. The home provided care to a client group facing difficult behaviours brought on by their complex dementia.

The registered manager had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS is legislation which ensures that people who are unable to make certain decisions for themselves were protected.

All of the people we talked with as part of the inspection told us they were happy with the home and felt safe. We observed staff had good professional relationships with the people they cared for. People were encouraged to join in activities and those that could move freely around

the home. At the same time staff ensured people were kept safe. There were a range of activities available which people could choose to join in with. Staff were kind and caring, treated people with respect and maintained their dignity.

Staff had received safeguarding training and showed a good understanding of what their responsibilities were in preventing abuse. They knew the procedures for reporting any concerns they may have and had confidence the registered manager would respond appropriately to any concerns they raised.

There were appropriate staffing levels at the home. The registered manager told us staffing levels were kept under review and adjusted according to the dependency levels of people who lived at the home. People received care and treatment in a timely manner.

Where appropriate, people's families had been involved in planning their care. Staff asked people about their preferences and choices.

People had accessed appropriate health, social and medical support as soon as it was needed. Staff were caring and treated people with compassion and kindness. We spent time in the communal areas and observed staff interactions with people who lived in the home.

The registered manager had made links with the local community. They had promoted family involvement and people took part in meaningful activities in the home or their local community.

Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the home. Managers monitored incidents and risks to make sure the care provided was safe and effective. The registered manager used a range of systems to make sure that there were enough staff to care for people safely.

# 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 is not always safe.

Some staff had not been recruited safely because the registered manager could not demonstrate that full employment history or background checks had been made on staff. There was enough staff employed to meet people's needs safely.

People's rights were protected because the registered manager had ensured that staff had received training in relation to protecting people's rights. The registered manager had also ensured that where possible people had given written consent to their care. The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People's safety was well managed and the registered manager had systems in place to check safety. People who used the home and their relatives were positive about the safety of the home. Staff demonstrated that they had a good understanding of how they delivered care and treatment safety.

**Requires Improvement**



### Is the service effective?

The service is not always effective.

The registered manager ensured that staff were provided with enough information and knowledge to meet the assessed needs of people. Staff in supervisory roles, such as nurses communicated with and supervised care staff effectively. However, nursing staff were not able to demonstrate they could deal with emergencies such as choking or bleeding.

People's food and drink requirements were assessed. Dietary advice was accessed when required. Staff were aware of people's requirements and were able to describe how these needs were met and monitored. People were given the assistance they required with their meals to maintain their health and wellbeing.

People had accessed appropriate health, social and medical support as soon as it was needed. People and where appropriate, their families had been involved in planning their care. Staff had asked people about their preferences and choices.

**Requires Improvement**



### Is the service caring?

The service is caring.

Staff were caring and treated people with compassion and kindness. We spent time in the communal areas and observed positive staff interactions with people.

**Good**



# Summary of findings

Staff were patient and considerate with people. They took time to explain things so that people knew what was happening and staff enabled them to go at their own pace so they were not rushed.

People were encouraged to maintain their independence and their health and wellbeing was supported by the care staff. People's privacy and dignity was respected by staff.

## Is the service responsive?

The service is responsive.

People were asked their views about the quality of the service they had received and their feedback was acted on by the registered manager. Care file records demonstrated that people's individual needs had been assessed and were regularly reviewed. Care file records were personalised and up to date. Staff had access to good systems to help them quickly identify and respond any changes in people's needs.

The home had a robust complaints policy that was followed by staff. People were informed of their rights to complain. Concerns were listened to, taken seriously and responded to promptly. Complaints were audited by the provider organisation. Outcomes of complaints had been communicated to the people who had raised the issue and resolved appropriately.

Good



## Is the service well-led?

The service is well-led.

Managers and other senior staff provided good leadership in overseeing the quality of the care provided and supported and guided staff where needed. Staff demonstrated a good understanding of the values and ethos of the home and described how these were put into practice.

Staff had confidence in the registered manager and provider and said they felt leaders within the home responded appropriately to any concerns raised. Staff knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with properly. There had been proper reporting and investigation of incidents and complaints within the home.

The registered manager and senior people within the organisation were open to new ways of working to improve people's experiences.

Good



# Darland House

## Detailed findings

### Background to this inspection

This inspection took place on 14 August 2014. The inspection team included a CQC inspector, nursing care specialist advisor, an observer from the CQC policy development team and an expert by experience. The expert-by-experience was a person who had personal experience of caring for someone who used this type of home.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. We were unable to ask the provider to complete a Provider Information Return (PIR) before the inspection because this service was a late addition to our wave 2 inspection list to test our new inspection methodology. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI) on this inspection in parts of the home where people were unable to talk with us about their experiences. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed daily life within the home including the care being delivered. We spent time looking at records, which included people's care files and records relating to the management of the home. We also looked around the home and the outside spaces available to people. We viewed some people's bedrooms, bathrooms, the kitchen and communal areas.

We talked with people, their visitors and relatives and staff and with the registered manager, the Clinical Quality and

Corporate Directors. We gathered information from a wide range of staff, this included domestic staff and people employed as care staff. We spent time in each of the four units in the home during the inspection.

We spoke with 14 people who lived at the home, 20 members of staff, ten relatives and one general practitioner (GP).

We looked at the provider's policies and procedures, complaints records and quality auditing systems. We checked seven files that related to staff recruitment, training and supervision. We inspected the health and safety systems within the home and we observed staff health and safety practice. For example how staff had carried out manual handling techniques safely. We checked records such as for clinical waste disposal and fire procedures. We viewed records of staff meetings, and meetings that were held for people and their relatives. We looked at eight people's care plan files. We saw that feedback about the home that had been gathered through the provider's quality audit systems.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

We observed that people were safe and well cared for. Relatives told us that they felt their family members were cared for safely at the home and were satisfied with the care people received. None of the people we talked with had concerns about safety.

One member of staff said “I think people are safe here, the staff are very passionate about their job”.

There was a recruitment policy that had been followed by managers. Staff records showed that people had completed applications and been interviewed for roles within the home. Staff had completed health questionnaires; there was proof of identity, written references, and confirmation of previous training and qualifications. The registered manager had made checks to ensure that people were eligible to work in the UK. However, they had not followed safe recruitment practices. We looked at staff recruitment files, and found that where there were gaps in people’s employment histories, the registered manager had not ensured that these had been explained and verified. We found this in four of the seven staff files we looked at. For example a nurse had completed their training in the year 2000, but their employment history on their application form did not start until 2008. There was no explanation for the gap in employment history. Staff records showed that staff had been checked against the Disclosure and Barring Records (DBS Staff we spoke with confirmed that their DBS status was checked before they started their employment. However, where people had been employed from outside the United Kingdom there was no evidence that the registered manager had followed advice issued by the Foreign office to gain ‘Certificates of good character’ for overseas applicants. Not knowing why people had not provided a full employment history or seeking to check the character of workers from overseas was an indication that checks on staff were not robust. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Schedule 3.

People’s rights were protected because the registered manager had ensured that staff had received training in relation to protecting people’s rights. The registered manager had also ensured that where possible people gave written consent to their care. The registered manager had a good understanding of the Mental Capacity Act (MCA)

2005 and Deprivation of Liberty Safeguards (DoLS). For example we saw that the registered manager knew how and when to submit DoLS applications because they had sent us appropriate notification’s about their applications after they had contacted the supervisory body in the local authority. The registered manager routinely protected people’s rights because they considered whether or not the Mental Capacity Act or DoLS applied as part of people’s initial assessment.

People were protected from discrimination which could cause emotional harm. On admission people or their relatives had been supported to express their lifestyle choices. For example what their spiritual and religious needs were. Staff we talked with had a good understanding of equality and non-discriminatory practices.

Accidents and incidents that had occurred within the home had been reviewed and analysed by the registered manager. We found that actions that had been taken were recorded. For example, staff had recorded who they had informed about the incident, what immediate action they had taken and what further action had been taken.

Staff had received safeguarding training and had a good understanding of what abuse was and knew the correct action to take if they suspected abuse was taking place. Staff told us that this training was updated annually. We looked at the training information given to us by the registered manager. This showed that staff training around protecting people was kept up to date and that training was planned in advance.

People had been assessed so that the risk of falls, malnutrition and dehydration was minimised.

Safety was well managed. The registered manager had ensured that risks had been assessed and that safe working practices that were followed by staff. Relatives were positive about the safety of the home. Staff demonstrated that they had a good understanding of people’s needs and how they delivered care and treatment safely. For example we observed staff using calming techniques when someone became challenging.

Staff managed risks to people’s safety by protecting them whilst at the same time they ensured that people’s independence was supported. For example, one person who was at risk of falls was encouraged to use their walking frame. Where people had one to one staff support that this

## Is the service safe?

was happening to keep them safe. For example if their dementia had caused them to exhibit challenging behaviours or they were no longer able to make decisions about their own safety, like avoiding hot surfaces.

There were procedures in place that dealt with emergencies that could reasonably be expected to arise. For example, the registered manager had identified other places where care and support could continue if the home had to be evacuated. We saw a range of emergency numbers for emergency contractors, such as for gas leaks were easily accessible to staff. There was a fire risk assessment in place. The registered manager explained how the home would be evacuated by stages in the event of a fire. Staff confirmed that fire evacuation practices had taken place. Fire escapes were clear of obstructions and fire procedures notices were clearly displayed.

Also, we saw that the registered manager had developed personal emergency evacuation plans for people so that they would be safe in an emergency situation. For example,

these plans ensured that staff were aware of how people should be evacuated or moved to safe zones within the home in the event of a fire. This took account of people's disabilities.

Our observations and feedback from relatives and staff did not raise any concerns about staffing levels. During our inspection we observed there were sufficient staff to meet people's needs and keep them safe. Throughout the home staff were easy to locate and on hand. The registered manager said staffing levels were kept under review and adjusted according to the dependency levels of people. We saw that the manager had a system in place to do this. When people required care or support this was provided in a timely manner, by the appropriate number of staff. For example when people needed two staff to help them walk with a frame. When staff called upon other staff or assistance because people had become agitated, we saw that other staff arrived quickly. Staff told us that the staffing levels during our inspection were at normal levels.



# Is the service effective?

## Our findings

People's assessed care needs were met by staff. Staff knew people's needs well. For example we saw how staff gently moved a person away from any potential risk in one of the small kitchens by using objects of reference. Using objects of reference meant that staff could re-focus people's attention without causing any distress. Objects of reference are items that the person recognises and shows an interest in, for example a photograph.

There was a training plan in place for all staff. Staff understood the conditions people were living with, like dementia. From our observations it was clear that the training staff had received gave them a good understanding of how to care for people with dementia. We found that staff had received on-going training. For example administering medicines, first aid and infection control. However, four staff including nursing staff we talked with did not have a clear understanding of how to deal effectively with situations in which people were choking or bleeding. People using the service were very reliant on staff and they would have expected them to be able to deal with emergency situations. For example, knowing how to intervene if a person using a wheelchair was choking. We fed this back to the registered manager. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's needs were assessed by staff, and their care and treatment was planned and delivered in line with their individual care plan. Staff had recorded the care and support people had received in their daily care logs within the care file records. These were up to date and the care provided was as described in the persons care file assessment. We noted that where appropriate staff had recorded contacts with health care professionals. For example, district nurses. Staff talked confidently about how they met people's assessed needs. They explained in detail the care and support they provided for people.

People with more complex nursing requirements had their needs met. For example if people required care or nursing in bed. We saw that there were care plans for staff to follow which included instructions from the team at the local hospice. There was evidence that people who mattered to the person concerned were involved in people's end of life plans.

The registered manager was supportive and responsive to the needs of the staff team. Staff records demonstrated that staff had received a formal induction and on-going training when they had started working at the home. Staff told us about their experience of their first few weeks of employment. They said, "We get a two week induction with training including infection control and dementia". Other staff said, "You get a good induction and training here". One member of staff who had experienced working in other nursing homes said, "This is the best of anywhere I have worked."

We noted that a training session for some staff on moving and handling was taking place during the inspection. We saw that the training enabled staff to practice using items of portable moving and handling equipment. This gave them the opportunity to learn and practice their skills without putting people at risk.

We talked with staff about how they were supervised and supported by managers. Staff told us that they had received supervision and that the registered manager was approachable and supportive. Staff told us that they had attended team meetings. Staff told us they were encouraged to participate fully in the meetings. Staff supervision's were recorded. Registered nurses had received clinical supervision from the manager of the home. This enabled them to keep their skills and knowledge of how they delivered care up to date.

People were given the assistance they required with their meals either through the use of adaptations, such as plate guards, or one-to-one support from staff. People were offered a choice of hot and cold drinks. Food and drinks were available at any time of the day or night. Staff told us that some people were awake all night and that staff provided snack foods and drinks. Staff encouraged people with their meals, they also promoted people's independence by giving them time to try and manage by themselves and not intervene too quickly.

All of the people we talked with had positive things to say about the food. One person said, "I like the food and there was enough for me". We saw that people were offered alternative foods if they did not like what they had chosen. A relative had noticed the staff provided extra meals for residents who had slept through an allocated mealtime, 'as soon as possible'. We observed that a person who was admitted to the home during the afternoon was offered a meal and a drink by staff before they did anything else.



## Is the service effective?

Relatives were 'more than happy' with the access people had to a doctor, both if they felt it was needed and more often when the staff had made a referral. They commented positively on how quickly they were informed of the outcome and of any subsequent changes. One said, "They called me straight away to say that they were giving antibiotics as a precaution". Another relative was pleased that the Doctor "Talked to me, as well as the staff."

Any events relating to the people were recorded including appointments, health professional visits and any incidents. There was a communication diary used by staff to communicate information regarding people and entries seen included dates. Care records showed people received visits from a range of healthcare professionals such as GPs, district nurses, chiropodists and opticians.

# Is the service caring?

## Our findings

One person said, “Everyone is friendly”. Other people said, “I have total confidence my relative is cared for well” and “I have nothing but praise for the staff here, they are totally professional”. All the relatives we spoke with told us how caring the staff were. One said “Staff are all excellent here, they know people so well”. Relatives believed that their loved ones were well looked after all of the time. Some relatives told us that their experience of care at this home was much better than they had experienced in other places.

We observed that people were treated with dignity and respect at all times. Two relatives commented on how clean and well turned out people always were. One said, ‘I’m so relieved they let me know when my dad needs new clothes, I’d hate to see him in things that did not fit him.

Our observations of the way staff interacted with people confirmed what Staff told us they found supervisions and team meetings useful and felt their opinions were valued. Staff we spoke with confirmed they had regular supervision with their nominated supervisor or manager. Staff told us that these meetings had given them an opportunity to discuss their roles and issues they may have as well as identify any training needs. Staff we talked with told us that they had been given an induction before providing care and support. Their induction had provided them with key information about their role.

people had told us. For example, we saw that when a person became distressed, a member of staff stayed with them, talking calmly which helped the person overcome their distress. We noted that staff were very caring towards a person who had been admitted to the home mid-afternoon during our inspection. They were very attentive, helping the person to settle in. They went out of their way to introduce them to other people in the lounge.

During our SOFI observations we observed that people responded positively when staff approached them. For example, when staff approached people to assist them or to offer them drinks and food. Given the levels of difficulties facing the people staff cared for because of their dementia the staff were highly motivated and committed to working

with people. They demonstrated patience, professionalism and a constantly calm attitude towards people, in any given situation. Staff were caring and treated people with compassion and kindness.

Staff took time to explain things so people knew what was happening and enabled people to go at their own pace so they were not rushed. For example, we saw that staff were encouraging a person to eat their lunch, but as the person started to struggle to feed themselves, a member of staff returned immediately to support the person, they were not left to struggle on. We observed that staff lowered themselves down to eye level when they talked to people who were sitting down. For example in an arm chair or wheelchair.

Staff were spending a considerable amount of time listening to and conversing with people. Staff were sitting with people, walking with them or looking at magazines with them. Doll therapy was used to good effect to calm some people. This is a technique often used when people’s dementia had taken them to a place in the past where they had young children and is seen as good practice. Staff were creating a friendly and relaxed environment which had a calming effect.

Staff respected people’s privacy, for example by knocking on people’s bedroom doors before entering rooms. People were well dressed, clean and tidy and their individuality had been respected.

People could be confident that information about them was treated confidentially. Personal records were stored securely in a locked room or in each person’s private room. We observed that staff were discreet in their conversations with one another and with people who were in communal areas of the home. They were careful to close doors when people were being supported with their personal care. People who liked their privacy and wished to spend their time in their own rooms were supported to do so. People who used the home were protected from institutional practices. This was because people’s bedroom doors were not routinely left open. The inspection team noted that when they arrived and were shown around the premises, all of the bedroom doors were shut. It was not possible to walk around the premises and view people in bed or in their rooms. This maintained people’s privacy and dignity.

## Is the service caring?

People's bedrooms were comfortable and personalised with pictures and photographs on the doors to help people identify their own rooms. Bathrooms and toilets also had pictorial signs to help people find their way around the home.

# Is the service responsive?

## Our findings

Everyone told us they had no complaints about the service. They said, “I have never had to complain, but know what to do if I needed to.” People told us they knew who to talk to if they did have any concerns. One person said, “I know all of the senior staff well and they are approachable”. One relative told us how they would go to the head office if they had concerns.

Although most people were living with dementia, we saw that the registered manager and staff placed a heavy emphasis on gathering as much information as possible about people’s life histories, who they were and their interest and hobbies. We noted that who people were was reflected on the outside of their personalised bedroom doors. For example, we could tell that people liked dogs, cars or horses. This provided a very personal touch to the home and a feel for what people might like to talk about or be interested in.

People’s care files demonstrated that people who were important to them had been and were fully involved in the assessment and care planning process. Diversity was respected, for example people’s recorded preferences reflected their cultural backgrounds.

During our visit the inspection team were impressed by the way staff responded to people with complex and developed dementia. The whole atmosphere within the home was calming and relaxed. Staff were attentive and responsive to people’s needs and behaviours. We noted that many of the people who lived in the home had come from other care settings that had not been able to meet their needs. Several people’s relatives told us that since people had moved to this home their behaviours had modified and they had become less challenging. One said, “Compared with the other places, the nursing here is so much better”.

Staff responded well to changes in people’s behaviour during our inspection. People who had been calm and placid in the morning became extremely vocal later in the day. Staff responded well as people’s behaviours, such as loud shouting started to have more of an impact within the home. We saw that staff were calm and were able, through their responses, to make people more comfortable and their shouting reduced.

People received the care and support they needed. Their needs were fully assessed by staff before they moved to the home to make sure that the staff could meet their needs. Assessments were reviewed with the person concerned and their relatives and care plans had been updated as people’s needs changed. This ensured that people continued to receive appropriate care and support. Each person had a named member of staff as their key worker. We observed a staff shift handover. Staff discussed how each person had been when they handed over to the next shift, highlighting any changes or concerns.

Activities were well planned and organised. The home employed three activity coordinators. There were activity time tables for the week on display throughout the home. We were informed that timings were flexible. We saw that some activities were based on the learned interests of the people living at the home and new activities were promoted. For example, gardening and table games. The staff clearly knew each person well, showing knowledge of how to approach and talk to them, and their likes. Music was playing that people were responding to. We observed a ‘pampering activity’ for five people. Staff explained what they were doing and offered each person choices. For example if they would like hand cream applied.

Staff involved people in decisions about their daily care, such as where they wanted to have their meals or if they wanted to join in with the activities. Some people were not able to communicate verbally yet we saw staff involved them in decisions and knew how to communicate with them. Staff described well the different body language and signs people used to communicate their needs.

There was a complaints procedure that had been followed when people had complained. The provider had a system in place that ensured complaints about the service were checked by senior managers who could check that complaints were satisfactorily resolved. People’s relatives knew how to complain and the process was advertised within the home. The complaints procedure told people how to make a complaint about the service and the timescales in which they could expect a response. There were examples of complaints being resolved, in one case a relative had complained that staff did not always keep them informed about things. This was resolved after a

## Is the service responsive?

meeting with the relative and an acknowledgement that communication would be improved. This had been followed up in writing and that people were kept informed of the progress of any investigations.

# Is the service well-led?

## Our findings

People told us that managers were approachable and listened to their views. Three relatives spoke highly of the registered manager. One said, “They are doing a good job”. The registered managers, directors, nurses and other senior staff provided good leadership in overseeing the care given and provided support and guidance where needed. Our discussions with relatives, staff and our observations during the inspection showed there was a positive and open culture in the home. Relatives we spoke with felt the home was well run and praised the management team.

Comments about the home included, “I don't think there is anything that can be done to improve on Darland House” and “I believe that Darland House and its staff are the best in the land”. We noted that there were some negative comments from relative's about proposed changes to the service. The changes were being considered by an external organisation called a clinical commissioning group who were in control of the home's contract. People told us that they were concerned about people being moved out of the home and they had concerns about the high use of agency staff and lack of promised investment into the home. We discussed this with the registered manager and other senior staff within the provider organisation. They told us that they were consulting fully with relatives and keeping them informed of the plans for the future of the home. They could not avoid using agency staff due to the consultations that were underway and a recruitment freeze. We found that the management team were managing the situation in such a way as to minimise the impact on people. For example staff told us and relatives confirmed that the managers tried to use the same agency staff which ensured that they could receive an induction into the service and get to know people's needs.

Staff demonstrated a good understanding of the values and ethos of the home and described how these were put into practice. One staff member said, “I am very passionate about my job, I try to put myself in their shoes and treat people as if they were my mum”. Staff told us that the manager encouraged them to make suggestions about how the home could be improved for people. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with professionally and sensitively.

Staff knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with properly. Records showed the management team within the home understood when issues should be reported to the local authority and CQC. For example when restricting a person's liberty. The manager and provider acted with transparency and appropriately when concerns had been raised about people's safety.

People's care had been recorded, The registered manager had access to good audit systems that enabled them to pick up issues and make changes to management guidance. For example, we saw that audits were put into a system called 'Meridian' which was used by the management team to analyse and collate any patterns of risk.

Our discussion with the registered manager confirmed there were systems in place to monitor and review safeguarding concerns, accidents, incidents and complaints. We saw an annual accident audit report which provided an analysis of accidents, identified any themes and identified actions and lessons learnt. The registered manager told us these audits were carried out internally and by people externally from the service. For example, environmental checks and maintenance, fire checks and back up emergency systems were audited by and the responsibility of NHS facilities. Audits were carried out weekly and monthly. The registered manager told us the learning outcomes from incidents or audit action plans had been shared with staff in governance assurance meetings. Staff that we talked with were well informed and communication between staff was good.

The registered manager told us that friends and family satisfaction surveys were sent out annually. There was a quality team based at the providers head office who supported the quality survey process and the development of a chart showing what the management team were doing. We saw a sample of the most recent surveys which generally gave positive feedback. The registered manager told us the information from the surveys was collated and displayed in the home so people could see the outcomes.

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 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	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>The registered person had not operated effective recruitment procedures to ensure that no person is employed unless that person is of good character and to ensure that information specified in Schedule 3 is available in respect of a person employed for the purposes of carrying on a regulated activity, and such other information as is appropriate. Regulation 21 (a)(i) &amp; (b).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>The registered person did not have suitable arrangements in place in order to ensure that persons employed to carry on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard because nursing staff had not been evaluated to ensure they could respond to emergencies that may occur during the delivery of care and treatment. Regulation 23 (1)(a) (3) (a) (b).</p>