

Rosecroft Care Limited

Rosecroft

Inspection report

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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

This inspection took place on 16 December 2016 and was unannounced. The previous inspection took place on 26 September 2014 and found there were no breaches in the legal requirements at that time.

Rosecroft provides accommodation and personal care for up to five people who have learning disabilities. Accommodation is provided in a detached chalet bungalow in a quiet residential area, close to public transport links and local shops. Accommodation is arranged over two floors and each person has their own bedroom. The service benefitted from a large enclosed back garden and a separate activities building set within the grounds.

There were five people using the service at the time of our inspection who had learning disabilities and needed a range of support with their care and health needs. Some people presented complex behaviours that could challenge staff and others. People communicated verbally, some with the support of Makaton, the use of signs and symbols to help understanding and communication. We met and spoke with each person. People were able to tell us they liked living at the service, they appeared happy, settled and contented. People engaged readily with staff and enjoyed this interaction.

This service had a registered manager in post. A registered manager is a person who is 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. The registered manager was also responsible for looking after other services owned by the same provider. Although always in contact with staff, when the registered manager was not present at Rosecroft, a team leader oversaw the running of the service.

People's needs were supported and the service offered a safe and comfortable living environment, however, there were some areas that meant the service required improvement.

A system to recruit new staff was in place, however, a specific requirement about references for staff had not been met and although provider checks were in place, this had not been noticed.

The care and support needs of each person were different, and each person's care plan was personal to them. People had detailed care plans, risk assessments and guidance in place to help staff to support them in an individual way. However, information held about individual symptoms or indicators which may precede people's epileptic seizures could be enhanced. We have identified this as an area that requires improvement.

Staff followed correct and appropriate procedures in the storage and dispensing of medicines. People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made

when required.

There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, for example, a fire, staff knew what to do.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the registered manager had applied for DoLS authorisations for people who were at risk of having their liberty restricted and two authorisations had been received.

Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities of their choice. Staff knew people and their support needs well.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. People were supported to make their own drinks and cook when they were able and wanted to. Staff understood people's likes and dislikes and dietary requirements and promoted a healthy diet and gentle exercise.

Quality assurance checks were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to implement improvements where concerns were identified.

Staff told us the service was well led and they felt supported by the registered manager to make sure they could support and care for people safely and effectively. Staff said they could go to the registered manager at any time and they would be listened to. The registered manager had good management oversight and was able to assist us in all aspects of our inspection.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Established recruitment procedures were in place, but Not all reference checks were robust.

There were sufficient numbers of staff to meet people's care and support needs.

Risks associated with people's care and support had been assessed and guidance was in place to ensure they were kept safe.

There were systems to ensure people received their medicines safely, which included staff receiving medicines training.□

Is the service effective?

Good ●

The service was effective.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it. However, we identified information about epilepsy seizure signs and symptoms could be improved.

Staff understood the importance of gaining consent and giving people choice. Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were supported and had one to one meetings and appraisals to support them in their learning and development.

People were provided with a range of nutritious foods and drinks.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us they were treated with dignity and respect and that staff had a kind and caring approach.

Staff took time to listen and interact with people so they received the care and support they needed.

People were able to make choices about their care and their views were taken into account.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned in line with their individual care and support needs.

Staff had a good understanding of people's needs and preferences. People were supported to take part in activities that were individualised and meaningful to them. People were relaxed in the company of each other and staff.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Although provider checks were in place, they had not resolved the issues identified during this inspection.

There was an open and positive culture, which was focussed on people.

There were systems in place to monitor the quality of care people received.

The registered provider worked closely with people, their relatives and staff, which meant any potential concerns were resolved as they occurred and helped ensure the service ran smoothly.

Rosecroft

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 checked 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 16 December 2016, it was unannounced. The inspection carried out by one inspector. This was because the service was small and everyone was able to express their views about the service they received. It was considered that additional inspection staff would be intrusive to people's daily routine.

The provider completed a Provider Information Return (PIR). This 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. Prior to the inspection we reviewed this and other information, such as any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we spoke with the registered manager, two care staff and the people living at the service. We reviewed people's records and a variety of documents. These included two care plans and risk assessments, recruitment files, training records, policies and quality assurance records and feedback received by the service.

Is the service safe?

Our findings

People told us they were happy and felt safe living at Rosecroft. Comments included, "I'm well and happy, I like it here", "It's a good home" and "I feel safe". People appeared comfortable and confident within their home environment and looked visibly reassured by the staff who supported them. Staff knew people well enough so that they were able to respond quickly. People were relaxed and happy in the company of the staff. People approached staff when they wanted something and the staff responded to their needs.

Although people told us they felt safe, we found an example within staff recruitment which did not meet specific requirements and required improvement.

People were not protected as far as practicably possible by a safe recruitment system. Providers are required to establish evidence of satisfactory conduct of previous employment and, if that employment was in a care setting, the reason why the employment ended. We found where information was available for a member of staff previously employed in care work, however, reference contact details were provided for a former colleague rather than the registered manager or provider of the previous care setting. This did not assure a proper account of why a person's previous employment had ended as the person providing the reference may not be aware of all relevant information. This did not promote the principles of a robust recruitment process or protect the interests of people living at the home.

The service had not fully applied established recruitment systems to ensure all processes were embedded into practice. Records held did not meet with requirement of Schedule 3 of the Regulations. This was a breach of Regulation 19 (3)(a) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

Some people had behaviours that could be challenging towards staff and other people. Risk assessments and appropriate restraint protocols were in place. Staff kept detailed records of when incidents occurred, whether de-escalation or distraction strategies had worked or if, as a last resort, a form of intervention or restraint was used and in most cases records of any consequent aftercare provided. Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual procedures to tell staff what action they had to take to minimise the risks to people. This included known and potential triggers such as the dynamics of some people living at the service. Guidance informed staff about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others.

Other potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. These enabled people to be as independent as possible. For example, they included safety in public places, crossing the road and using transport. This helped to ensure that people were encouraged to live their lives whilst supported safely and consistently. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date. People were protected from the risk of financial abuse; there were clear systems in place and these were regularly audited.

Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences.

The provider had clear policy and procedures in place for safeguarding adults from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. There was a list of contact details for relevant agencies for staff to refer to. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the registered manager, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely in locked cabinets in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for.

Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was detailed written criteria for each person who needed 'when required' medicines. When these medicines were administered it was recorded on the back of the medication administration record (MAR), with the time, amount, why they were given and the outcome.

Regular medicine audits were carried out by the registered manager or senior staff and medicines were counted at the end of each shift, we saw clear records of the checks that had taken place. Medicines that were not part of the medicine dosage system were dated on opening, in line with current good practice. Topical applications (such as creams or ointments) were also recorded on a MAR, medicine records included details such as, what the cream was for, how much and where it should be applied. The registered manager completed on going competency checks for all staff responsible for administering medicines. This helped to ensure people received all of their medicines safely.

There were enough staff on duty to meet people's needs and keep them safe. During the inspection there was a senior support worker, a support worker and the registered manager on duty. Staffing was planned around people's activities and appointments so the staffing levels were adjusted depending on what people were doing. Overnight there was one sleep night and an established on call system should extra support be needed. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and kept staffing levels under review. Nobody received specific one to one support.

The staff rota showed that there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. There were plans in place to cover any unexpected shortfalls like sickness. On the days of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs and keep them safe. During the inspection staff were not rushed. Staff we spoke with felt they had enough time to talk with people and that there were enough staff to support people. An on call rota ensured there was always a senior member of staff available for the service to contact.

The premises were clean and well maintained. Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety checks were completed monthly including hot water temperature checks to help prevent the risks of scalding. Environmental risk assessments were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment. Staff told us everything was in working order.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. One person demonstrated to us the route they would take if there were to be an emergency. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. A 'grab file' was also in place. This folder contained brief but essential information about people's physical and mental health conditions and medicines and could be 'grabbed' in an emergency to pass on to other health professionals should the need arise.

Is the service effective?

Our findings

People told us that staff looked after them well. Staff worked effectively together, they communicated well and shared information. Staff handovers between shifts made sure they were kept up to date with any changes in people's needs. For each shift there was a shift plan and handover sheet, which detailed who was on shift and any specific allocated tasks to support people. These could include responsibility for health or other appointments and any planned visitors to the service. A staff meeting and handover record was also maintained to ensure tasks, discussions and agreed actions were recorded.

Staff had a 12 week induction into the service, this included time spent time reading people's care records, e learning, policies and procedures and getting to know the service. They would also spend time shadowing experienced colleagues to get to know people and their individual needs and routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively. Staff told us they felt very supported, commenting, "If I'm not sure of anything I just ask, we all help each other. It's a happy home."

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an on-going programme of training which included face to face training, on-line training and distance learning. A training schedule was maintained by the registered manager. It showed when training had been undertaken and when it was due to be renewed. Staff told us that they regularly completed training and that this included specialist training relevant to their roles and the needs of the people they supported, such as, Management of Actual or Potential Aggression (MAPA) and courses about epilepsy and autism.

Staff had individual supervision meetings and annual appraisals with the registered manager. They said this gave them the opportunity to discuss any issues or concerns they had about caring for and supporting people and gave them the support that they needed to do their jobs more effectively.

We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. For example, staff communicated with some people using Makaton, which employs hand signs as well as speech to aid understanding. The staff team knew people well and understood how they liked to receive their care and support, and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had clear, personalised communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving clear examples of different actions or signs people may give, and what these mean.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to

make sure decisions were made in the person's best interest. We were given an example of when this had happened for a surgical operation.

Applications had been made for deprivation of liberty safeguards (DoLS) authorisations each person, two decisions had been received and the remaining applications were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety and were as least restrictive as possible.

Records showed people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. The registered manager and staff had knowledge of the Mental Capacity Act 2005 (MCA). Staff had received training in the MCA and Deprivation of Liberty Safeguards (DoLS).

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. People's health was monitored and care was provided to meet any changing needs. Staff acted quickly if people became unwell and worked closely with healthcare professionals to support people's health needs. People had health action plans, these detailed how to support each individual to remain healthy and recorded details about appointments they attended, what happened and what action would be taken next. The service had extensively involved occupational and speech and language therapist to ensure people received the equipment and support they needed. For example, some custom fitted orthopaedic chairs and wheelchairs had been provided and agreement reached for the provision of a safe sleep system. This is a series of shaped foam pieces to support a person while they sleep. Where needed, advice had been sought and implemented about which foods people could safely eat and staff were aware how it needed to be served, for example, softened foods and food needing to be cut into small pieces.

Where they wished to be, people were involved in planning the menus, buying food and preparing some meals and baking. During the inspection one person was washing up, drying and putting away crockery. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. During resident and one to one meetings people discussed menus and individual preferred meal choices. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection regular drinks and snacks were offered by staff and people were supported to make drinks with staff.

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. There were signs and pictures in some people's rooms to help them remember where things were kept and where they should put their things. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained. Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. A separate 'clubhouse' provided space for people when they wanted to be away from others or as a venue for larger activities.

Is the service caring?

Our findings

People told us they were happy living at the service, their comments about the staff were positive as were observed interactions. There was a strong and visible person centred culture at the service. Care was planned around the individual and centred on the person. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. Some picture prompts and other objects of reference were used, staff commented this was to help people make their own choices.

Staff had spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices.

People were given personalised care. Some people had specific needs and routines that were accommodated well by the staff. People were laughing and looked happy. The routines at the service were organised around people's needs and were flexible. Staff supported people in a way that they preferred. There was a relaxed and friendly atmosphere. People looked comfortable with the staff that supported them. People and staff were seen to have fun together and shared a laugh and a joke; there was light-hearted discussion and banter between people and staff.

Staff were attentive. They observed and listened to what people were expressing taking into account varying verbal, behavioural and physical prompts. People responded well to staff and we saw staff interacting with people in a way that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner.

Some people expressed their anxieties and frustrations in behaviour that could challenge others or pose a risk to them or others. Staff had received Management of Actual or Potential Aggression (MAPA) training to assess people's behaviour, be prepared to intervene and prevent behaviour through de-escalation techniques or use of mild restraint quickly and when needed to safeguard people from harm. This training placed an emphasis on the approaches of Positive Behaviour Support. Approved interventions were clearly documented in people's individual behaviour management guidelines and made clear the range of measures that could be used. These focussed on the lightest touch for the shortest period of time.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families, relatives and friends. During the inspection we heard plans being made for the Christmas festive period.

Staff described how they supported people with their personal care, whilst respecting their privacy and

dignity. This included explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. When people had to attend health care appointments, they were supported by staff that knew them well and would be able to help health care professionals understand their communication needs.

People moved freely around the home between their own private space and communal areas. Staff knocked on people's doors before entering. Doors were closed when people were in bathrooms and toilets. People were given discrete support with their personal care.

Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. One member of staff commented, "I love working here." People's care plans told us how their religious needs would be met if they indicated they wished to practice. People's information was kept securely and well organised. Details of keyworker meetings were kept for each person, they recorded any significant conversations or events. Staff were aware of the need for confidentiality and meetings were held in private.

Is the service responsive?

Our findings

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. This helped to give a picture of the person and made sure they received the right care and support. People said they were very happy with the care and support they received. They felt their support met their needs and was what they expected. The registered manager and staff were very knowledgeable about people and their preferred routines, most people had lived at the service for a number of years.

Health care needs were clearly recorded and contained comprehensive and specific information, including input from health and social care specialists where necessary. This had helped to ensure that health conditions were monitored and appropriately reviewed. Care and support was planned and delivered in a way that ensured people's safety and welfare. Where people had complex health needs professionals had been contacted and additional guidance added to the care plan. For example, to support people with sitting and sleeping posture. When people had become unwell professionals were called for advice and guidance and appropriate action was taken. With specific conditions, for example, epilepsy, monitoring of seizures helped to inform medication reviews and to determine how well the epilepsy was managed. However, we found specific personal information could be enhanced to provide better guidance for staff about individual symptoms or indicators which may precede a seizure and the support the person would need. This is an area we have identified as requiring improvement.

We looked at two care plans, which had been developed from the initial assessment. The plan gave a detailed picture of the person's usual daily routine, what help they needed from staff and what they preferred to do for themselves. They gave clear, detailed guidance to the staff around people's preferred routines, for example; whether a person preferred a bath or shower, and at what time of day. Descriptions of people's likes, dislikes and favourites were recorded, for example; how people preferred to take their drinks, food liked and food to be avoided. Care plans had been reviewed and updated as people's needs changed. They contained details of people's preferences, such as their preferred name and information about their personal histories.

Information was gathered about people's interests and about what was important to them. Staff were able to demonstrate a good understanding of the people they supported. Within people's plans were life histories, detailed guidance on communication and personal risk assessments. In addition there was specific guidance describing how the staff should support people with various needs, including what they could and could not do for themselves, what they needed help with and how to support them.

Some people had specific behavioural needs and these were well documented. Challenging behaviour care plans detailed what people may do, why they did it, warning signs and triggers. Staff showed that they were very clear about these needs and how to support them. People were able to say most of the time what they wanted, and staff were responsive to people if they became unsettled or unhappy about something. Staff told us care plans gave an in-depth understanding of the person and were personalised to help staff to support the person in the way that they liked.

Health action plans were also in place detailing people's health care needs and involvement of any health care professionals. Each person had a healthcare summary, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff.

People enjoyed various activities, both inside and outside of the service, these included, music, garden games, walks and outings. Some people attended an activity centre and a vehicle based at the service enabled staff to drive people to their various activities. People were supported to participate in activities of their choice, within the service and the community. We were told about past and upcoming events held at the service and sister services. A large separate 'clubhouse' within the grounds provided a safe and convenient venue for some of the activities.

The service's complaints procedure was available in pictorial form; it was clear and included both verbal and written complaints. Staff clearly explained how they would support people to make a complaint if the need arose. People and their relatives felt confident that should they have any concerns or complaints, that they would be listened to and the issue resolved quickly. However, at the time of the inspection no one had raised any concerns or complaints. It was felt this was because of the small nature of the service and the regular contact and communication with both staff and the registered manager. In recent surveys, a relative had commented they appreciated all hard work of the staff.

Is the service well-led?

Our findings

Staff were positive about the registered manager, describing them as supportive and easy to talk to. People were involved in developing the service and staff encouraged people's suggestions and ideas. Examples included discussions where things like decoration, improvements to the home, holidays, activities and food choices were decided. However, we found some areas in how the service was managed which required improvement.

The registered manager undertook regular checks of the home to make sure it was safe and remained serviceable. Their oversight ensured medicines, care plans, accidents and incidents, health and safety and fire safety checks were in place and action taken to address any identified shortfalls. However, checks had not ensured an aspect of mandatory recruitment process had taken place and we identified an area of health care delivery relating to epilepsy that required improvement.

This inspection highlighted shortfalls in the service that had not been identified by monitoring systems in place. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Staff were at ease talking with the registered manager.

The visions and values of the service were to support people as individuals by offering a personalised service. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were very clear about putting people first. The registered manager knew people well, communicated with people in a way that they could understand and gave individual care. Staff told us the values and behaviours included treating people as individuals, being respectful, teamwork and supporting people to live a fulfilled life. Staff recognised and understood the values of the service and could see how their behaviour and engagement with people affected their experiences living at the home. We saw examples of staff displaying these values during our inspection, particularly in their commitment to care and support and the respectful ways in which it was delivered.

There was an open culture within the service that encouraged people and staff to express their views through service user or staff meetings. People were given opportunities to comment about the service and their personal experiences through these meetings, and people confirmed they used these to raise issues or comment about aspects of the service such as menu planning.

Recent quality assurance surveys from people, relatives and health care professionals gave positive feedback. The registered manager told us that they used this feedback to evaluate and improve the service.

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

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured systems or processes to assess, monitor and improve the quality and safety of services were fully effective. Regulation 17 (1)(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not fully applied established recruitment systems to ensure all processes were embedded into practice. A Record held did not meet with requirement of Schedule 3 of the Regulations. Regulation 19 (3)(a)</p>