TKSD Care Homes & Training Ltd

Ruth Lodge

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 was carried out on 6 June 2018 and 22 of June 2018. The first day of the inspection was unannounced.

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

Ruth Lodge provides support for up to two people with learning disabilities. There were two people who had one to one support living at the service at the time of inspection. The service was spread over three floors of one house in a residential area and had an enclosed garden at the rear.

There was a registered manager at the service who was also the provider. 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection on 19 January 2016 the service was rated Good. At this inspection we found that the provider had been unable to sustain the rating of Good as we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 relating to the failure to provide good governance, the mitigation of risks from the environment and staff recruitment processes.

Staff had not been recruited safely. The provider had failed to obtain a full employment history for existing staff. Other pre-employment checks had been carried out. There were sufficient numbers of staff to meet people's needs and keep people safe. Staff were appropriately supervised.

Risks to people from the environment had not always been addressed in that the provider had failed to ensure that there were safe systems and procedures for evacuation in the event of an emergency such as a fire at the service. Risks to people from other incidents such as choking continued to be assessed and there was guidance in place to support staff to minimise risks.

A programme of quality audits were in place but had not been effective in highlighting the issues we found at this inspection.

There continued to be systems in place to keep people safe and to protect people from potential abuse.

Staff had undertaken training in safeguarding and understood how to identify and report concerns. Staff were confident that any reported concerns would be dealt with appropriately. Where people were at risk from bulling and harassment there was guidance in place to enable staff to protect people.

Medicines continued to be managed safely. Medicine records were accurate and up to date and people received their medicines on time and when they needed them. Medicine was stored safely and staff had the training they needed to administer medicines safely.

People's needs were appropriately assessed and support plans were up to date and accurately reflected people's needs. People and their relatives were involved in decisions about their support as appropriate. Where people did not have capacity to make decisions staff had followed guidance in line with the Mental Capacity Act 2005.

Some people at the service could display behaviours that affect them and other people around them. There was sufficient guidance for staff to support people to maintain behaviour and protect their dignity. The service had supported people to reduce incidents of behaviour that challenged.

Staff had the skills, training and knowledge they needed to support people safely and effectively. There were opportunities for staff to undertake training and development to enhance their skills.

People were supported to eat and drink healthily and maintain or achieve a balanced diet. People were supported to manage and monitor their health and had appropriate access to healthcare services when they needed it. When people accessed other services such as going in to hospital they were systems in place to ensure continuity of care.

People were treated with respect, kindness and compassion. People were supported by a small staff team that knew them well and understood how to meet their needs. Staff knew how to support people to communicate and express their views. People were supported to maintain relationships with those who were important to them and develop new relationships in the community. People were supported to increase their independence as appropriate and learn new skills.

There were systems in place if people or their relatives wished to complain or provide feedback on how the service could be improved. Staff were involved in developing the service and felt that their views and suggestions were listened to. Relatives told us that they found the service responsive to suggestions.

The environment was suitable to meet people's individual needs.

Staff and the provider understood their roles and responsibilities. The provider had a clear vision and values for the service and staff understood and acted in accordance with. The provider worked in partnership with other agencies to develop and share best practice.

When things went wrong lessons were learnt and improvements were made. Staff understood their responsibilities to raise concerns and incidents were recorded, investigated and acted upon. Lessons learnt were shared with staff.

We found three 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 consistently safe.

Risks to people from the environment were not always mitigated.

The provider had not always followed safe recruitment practices.

There were enough staff available to meet people's needs.

People were protected from the abuse and staff had the appropriate training to protect people.

Medicines were managed in a safe way and people received their medicine when they needed it.

People were protected from the risk of infection and the service was clean, tidy and appropriately maintained.

Lessons were learned when things went wrong and learning was shared with staff.

Is the service effective?

Good

The service was effective.

Peoples needs had been appropriately assessed and re-assessments were carried out when needed.

Staff had the skills, knowledge and training the needed to support people. There were opportunities for staff development and staff were appropriately supervised.

People were provided with the appropriate support needed to eat and drink and maintain their health.

People were supported to remain as healthy as possible and had access to healthcare professionals when they needed them.

The building was appropriate to meet people's needs.

The provider followed the principles of the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.

Staff were kind and caring in their approach to supporting people.

Staff provided people with good levels of support to maintain their dignity and privacy.

People were supported to increase their independence and learn new skills.

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

Is the service responsive?

Good

The service was responsive.

People's support plans were personalised and contained information on how people liked to be supported and the activities in which they preferred to engage.

There was a complaints policy in place and people and their relatives knew how to complain if they chose to do so.

The service was not supporting anyone at the end of their life. However, the provider was putting plans in place.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Checks had not always identified shortfalls in the service.

There was a positive culture at the service. Staff were happy in their role and felt well supported by the provider and that their views were listened to.

Relatives felt that the provider shared the relevant information with them and responded well to suggestions about the running of the service.

We observed that people found the provider approachable.

Staff and the provider were aware of their roles and responsibilities and reported notifiable incidents were reported to CQC.

The service worked in partnership with other relevant organisations.	

Ruth Lodge

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 6 June 2018 and 22 of June 2018. The first day of the inspection was unannounced. We arranged to return for a second day as the registered manager who was also the provider was not at the service on 6 June 2018 and we were unable to access some information we needed to see. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 looked at the previous inspection report and notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We sought feedback from Healthwatch and staff from the local authority on their experience of the service. However, no feedback was provided. Healthwatch are an independent organisation who work to make local services better by listening to people's views and sharing them with people who can influence change.

During the inspection, we spoke briefly with one person. Some people were unable to tell us about their experiences, so we observed care and support in communal areas. We contacted relatives of people, to gain their views and experiences. We looked at two people's care plans and the recruitment records of three staff employed at the service.

We spoke with the registered manager who was also the provider and three other members of staff. We viewed a range of policies, medicines management, complaints and compliments, meetings minutes, health and safety assessments, accidents and incidents logs. We also looked at what actions the provider had taken to improve the quality of the service.

Requires Improvement

Is the service safe?

Our findings

When we asked people if they felt safe living at the service they confirmed that they did. Relatives also told us that they felt that the service was safe. One relative said, "There is enough staff that makes it safe."

Despite the positive feedback about the service we found that risks to the environment were not always mitigated. There was information for staff to enable them to respond in the event of an emergency including how to evacuate people from the service. However, the evacuation plan lacked detail specific to the person and did not set out the requirements that each person had, to ensure that they could be safely evacuated from the service in the event of an emergency.

The provider continued to carry out regular health and safety checks of the environment to make sure it was safe. Where assessments had identified actions were needed these had not always been undertaken. For example, following a recent visit from the fire service the provider had made a number of improvements to the fire safety systems including installing automatic fire detection in the garage which was attached to the building and accessed from the ground floor corridor and updating emergency lighting systems. However, the fire service had raised concerns about the front door being kept locked. At the inspection staff told us that at times the key to the front door was kept in a cupboard in the kitchen. This meant that people were unable to get out in the event of a fire particularly if the fire blocked access to the kitchen or that evacuation from the building could be delayed. We raised this with staff during the inspection. Since the inspection the provider has confirmed that they have taken steps to ensure that this practice no longer happens and that people can gain exit from the service in the event of an emergency.

The failure to manage risks effectively was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Water temperatures were checked throughout the service to make sure people were not at risk of getting scalded. The provider had arranged for regular servicing of the gas and electricity systems to ensure they worked safely and correctly. Regular checks were carried out on the fire alarm and other fire equipment to make sure they were working properly.

Risks to people's individual health and wellbeing had been assessed to enable them to remain safe. Support plans contained individual risk assessments including assessments for; medication, accessing the community and some personal care. For example, one person was at risk of issues with skin integrity. When we spoke to staff about this they were aware of the risk and were taking the appropriate action to keep the person safe. Another person needed some support to bath or shower. When we spoke to staff they were aware of the risks and where taking the necessary actions to take to mitigate these. Support plans explained how to manage risks to ensure that people received the care they needed in a safe way. We observed staff following the guidance in people's support plans, for example ensuring that some items were kept locked away and the door to the store room was locked.

There were recruitment processes in place to ensure staff were suitable to work with people before they

started. However, some checks had not been undertaken. Before staff started working at the service identification checks, references from previous employers and Disclosure and Barring Service (DBS) checks were carried out to ensure people were suitable to work with adults with learning disabilities. A DBS check helps employers to identify people who are unsuitable to work with adults in vulnerable settings. However, these checks did not include obtaining a full employment history for the staff working at the service. Interview records did not evidence that this had been identified or discussed. We discussed this with the provider who acknowledged that full employment histories had not been obtained for existing staff. This meant that the service was not aware of areas of working history that could need further investigation or be of a concern nor were they able to seek information on why staff had left previous employment. Since the inspection the provider has updated the recruitment process to ensure that new staff are asked to provide this information during the application process.

The provider had failed to operate effective recruitment procedures. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

There continued to be enough staff to meet people's needs and keep them safe. Staffing numbers were based on a full assessment of people's support needs and we observed that people were supported by a small team of staff who knew them well. There was enough staff available to support people to do what they wanted to do each day. For example, people benefited from one to one staffing input. The service did not use agency or bank staff and there was sufficient staff to cover absences. The provider was also available to provide support to people and regularly undertook shifts at the service working alongside staff to support people. There was one member of staff on shift overnight and there was an out of hours system in place if staff people needed more support at night. The provider has three locations and there was a lone working system in place between these locations to ensure that staff remained safe during the night. Staff told us that the provider was at the service during the week for part of each day. There were no staff vacancies at the time of our inspection.

People were protected from abuse. There was an up to date safeguarding policy and procedure in place. There had been no safeguarding concerns since our last inspection. Staff training was up to date and staff were able to demonstrate that they knew what the possible signs of abuse were such as unexplained bruises and a change in behaviour. Staff told us that they knew how to raise concerns about abuse and that they were confident that the provider would deal with any concerns. Staff were also aware of what to do if the concern was not addressed. Staff were able to demonstrated that they were aware of whistle blowing procedures and how to report any poor practice identified at the service.

One person's hobby could lead them to be bullied by people outside the service. There were plans in place to ensure the person could enjoy their interest in a way that protected them from harassment.

People received their medicine safely and on time. One person was being supported with their medicine. Staff had received training on how to give people their medicines and medicine administration records (MARs) were complete and up to date. There continued to be policies and procedures in place to ensure people received the medicine they were prescribed and on time. For example, staff competencies were checked on an on-going basis and recorded and medicines were in date. Medicines continued to be stored safely and at the right temperature in a locked cabinet and were disposed of safely. People had regular medicines reviews and some medicine had been safely and appropriately reduced under the guidance of the persons GP since they had moved to the service. Checks were carried out to ensure that medicines were administered appropriately and an external audit of medicines had been undertaken.

People were protected from the risk of infection. The service was clean and smelt fresh. Risks of infection

were minimised by health and safety control measures based on an up to date infection control policy. There were schedules for staff to check and clean areas on a daily, weekly, monthly and quarterly basis and staff signed to confirm that these had been completed. The provider undertook infection control checks, recorded any actions needed and then checked that those actions were complete. Fridge and freezer temperatures were checked daily to ensure that they were at the correct temperature to keep food safely. Food was labelled with the date of when it was opened to ensure that staff knew when it was to be used by. Personal protective equipment such as aprons and gloves were available to staff when these were needed and we observed staff used these when appropriate.

When things went wrong lessons were learnt and improvements were made. Incidents and accidents were recorded by staff. For example, when there was an incident the cause of the concern was investigated and there was analysis of how re-occurrence could be prevented. Learning from accidents and incidents minimised the risks of avoidable harm. Meeting notes evidenced and staff confirmed that learning from incidents was communicated to the staff at team meetings, in support plans and at handover meetings. Information about safety was analysed for trends to reduce risk, no trends had been identified.

Good

Is the service effective?

Our findings

Relatives told us that they felt that the service was effective. One relative said, "My relative goes for walks, and eats healthy, maintaining their weight. They [staff] take them to medical appointments and they always tell me and invite me to go to."

We observed that people were supported by a small staff team who knew them well. Records showed that staff had received training relevant to their role to support people they looked after. These included moving and handling, equality and diversity, food hygiene, and fire safety. There had been no new staff employed at the service since the last inspection and most staff had been at the service for a number of years. There were opportunities for staff to develop and learn enhanced skills. For example, one member of staff was being supported to undertake a degree in social studies and another member of staff was doing a diploma in social work. Training for staff was delivered face to face, however, the provider told us that they are considering introducing some online learning to ensure staff training remains up to date when no face to face sessions are available. Staff said, "We have frequent training. The training is very good and every day you learn something and upgrade your skills."

The service was small and so the provider saw staff on a daily basis and regularly worked along-side staff to ensure that they were working appropriately. When we spoke to staff they expressed that they felt that they had adequate opportunity to meet with the provider to discuss their work, performance and training and development needs. Staff told us, "We get regular one to one time with the manager, they support us with issues and asks how things are with the work". There were also regular staff meetings and group supervision sessions where staff discussed peoples support and how they could improve the service.

The provider undertook an assessment of the persons needs prior to them moving in. The assessment included information on people's life history, choices, and needs. For example, how much support the person needed to manage their personal care and information on how they communicated and peoples cultural and religious preferences. Since the last inspection one person had moved to the service. Staff told us that the person had been invited to visit prior to moving in and that it had been discussed with the other person already living there. Staff told us that the person already living at the service was happy that someone new was moving in. We observed that the people at the service seemed comfortable with each other. People's needs were re-assessed on an ongoing basis and when there was a change. When people's needs changed their support plan was updated. For example, staff identified that one person had an intolerance to some food. The person was referred to a dietician and there was information in the persons support plan for staff to ensure that they were aware of the person's needs. The staff we spoke with on the day were all aware of this change.

People were supported to eat and drink and maintain a balanced diet. People went shopping with staff and were involved in choosing the food purchased and creating the menu for the week. There was an easy to read menu on display in the kitchen so that people could see the planned menu for the day. Staff told us that people chose their own breakfast and lunch and usually shared a main meal. If people did not like the meal planned for the day staff told us that they would show them other choices until the person picked one.

Where people needed encouragement to eat healthily staff provided this and there were healthy options available for people to choose such as fruit. One person liked to eat take-away often and staff had encouraged them to eat more freshly cooked meals. We observed staff preparing fresh healthy meals for people on the day of the inspection. People were being supported to learn to cook for themselves as much as possible. For example, one person was involved in helping to prepare some meals.

People at risk of choking were supported to eat and drink safely. Where people were at risk of choking whilst eating and drinking they had been assessed by a Speech and Language Therapist (SALT). There was clear information for staff on how to support the person to remain safe. We observed staff following this guidance, for example by encouraging one person to drink slowly. There was also information for staff on what to do if someone did choke. This meant that people were protected from the risk of harm.

There was information in place for people to take with them if they were admitted to hospital. This included important information that healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had hospital passports in place, at the time of the inspection these were in the process of being updated by health care professionals. When people accessed other services such as the GP or optician staff supported the person to help them communicate and understand and ensure continuity of care. Information from health appointments was recorded and shared so that staff were aware of when someone had been for an appointment and what the outcome was.

People had access to healthcare to maintain their health and well-being. People's support plans showed that they had accessed services such as GP, dentists and dieticians. When people needed a referral for external support we saw that this had been done. For example, one person had been supported to access specialist as for a condition that was ongoing. This meant that the person got the specialist help they needed to remain healthy.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were.

The provider had correctly applied for DoLS within the MCA for people living at the service, but these applications had not yet been authorised by the local authority at the time of this inspection. Staff understood the principles of the MCA and were aware of the need to respect people's choices. When important decisions had been made on people's behalf staff had taken part in best interest meetings. Staff asked for consent prior to carrying out any support tasks. Although people had complex needs, we observed that staff encouraged them to make decisions for themselves. For example, staff asked people where they wanted to go to lunch that day and if there was anything else they wanted to do.

The building was suitable for the needs of the people who lived there. The service was set in an ordinary house which was spread over three floors. There was a large communal living room and kitchen. There was a garden at the rear of the house. People had chosen the decoration for their own room. Some people needed secure storage in their room to protect them from risk and this had been provided.

Good

Is the service caring?

Our findings

People told us that they were happy living at the service. Relatives told us, "I think the staff are caring. They care a lot and I have no worries. They show lots of care and empathy and they respect my relative's privacy."

We observed that people were treated with kindness, compassion and respect. Staff talked with people kindly and people smiled and had relaxed body language in their company. When staff talked with people they used language appropriate to their needs and made sure that the person had understood what was being said. Where people were unable to communicate verbally we observed that staff understood their facial expressions and gestures. For example, when we met one person they made a gesture. Staff explained that this was the persons way of greeting people.

We observed one person tell the provider that they wanted a specific item but had been told in the past that they were not allowed it. The provider patiently explained to the person that the services approach was different to how things had been in the past at other services and that the person had the right to have this item if they wanted it. The provider agreed to take the person shopping for the item the next day and the person was happy about the plan. This was in line with the persons support plan which included details on how to support them with their hobbies and interests.

Records showed that staff had offered people emotional support when people were upset. For example, people were offered the time and space to explain what had upset them. Staff had supported people to feel calmer and had taken action to resolve the persons concern. When we arrived at the service staff reassured people about why we were there. Staff explained to people that they should feel free to talk to us and tell us anything they wanted to.

People met with their key worker every four to six weeks to review their support plans and choices to ensure that they had not changed. Relatives told us that they were also involved in decisions about peoples care where people needed this support. Review meetings were done in an informal manner in short sessions over a number of days as the service had identified that some people were not able to engage in longer formal meetings. Where people were not able to engage verbally staff observed people's facial expressions and gestures to establish people's preferences. People had access to a regular advocate who visited them at the service. Advocates provide people with independent support to express their views and wishes. Information was provided to people in an accessible format. Staff explained information to people verbally as this was the most appropriate method of communication to meet people's needs.

Staff treated people with dignity and respect. For example, staff had supported one person to understand social boundaries in order to protect their privacy and dignity. Staff were able to give some clear examples of support they had provided and the positive impact that this had had on the person. One person had some secure storage in their room where they could keep some items, this meant that the person was able to spend time alone in their room and still be protected from harm. Staff knocked on people's doors before entering, staff also ensured that people had privacy in their own room when they wished to have this.

People were supported to be as independent as they could be. People were supported to learn new skills and how to manage aspects of their own personal care. For example, one person had been supported to learn how to brush their teeth. Staff had worked with the person to slowly build up their skills and confidence and the person was now able to undertake this task for themselves with prompting and encouragement. The persons support plan had been updated to reflect this change to ensure that staff consistently supported the person to do this for themselves.

People's personal records were stored securely which meant people could be assured that their personal information remained confidential and their privacy was protected. Staff we spoke with understood about confidentiality. All confidential information and records were kept securely so that personal information about people was protected.

Good

Is the service responsive?

Our findings

Relatives told us that the service was responsive to complaints and suggestions. One relative said, "I highly recommend the service. If I do have concerns they are very accommodating."

Support plans were person centred. There was information on people's life history and goals and how they preferred to be supported. Support plans included information about all aspects of people's lives. For example, activities, decision making, personal care and communication. There was information in each section to enable staff to support the person. This included information on how the person communicated pleasure and displeasure and what support they needed to provide personal care. Where people were unable to communicate there was clear information for staff to help them identify when people were feeling frustrated or anxious such as how their behaviour might change. There was guidance for staff to enable them to support the person. For example, there was information on how to prevent people from feeling frustrated, what caused frustration and how to support the person if they were displaying these indicators. Records demonstrated that peoples support plans were updated regularly. When there were changes to people's preferences, likes and dislikes these were discussed at the staff handover and documented in the handover notes.

People had activity plans in place. Staff were responsive and flexible to people's choices and needs. People were planning to go out for lunch on the day of the inspection. One person expressed a wish to go somewhere else after lunch. Staff adjusted the plans for the day and the person was able to do the activity they wanted to do. Some people were able to express what activities they enjoyed. Where people were not able to express this verbally staff told us that they would plan activities based on what activities they enjoyed in the past. Staff told us that they had seen a reduction in incidents of behaviour that challenged as they encouraged people to engage in more activities. One member of staff said, "If a person is bored they sometimes express this through behaviour that challenges, we see a lot less behaviour as people are not bored." One person was taking an 'as and when' medicine when they moved in to the service. The medicine was to support the person when they displayed behaviour that challenged others. Staff had worked with the person to reduce the causes of the behaviours such as boredom and frustration and this medication was no longer needed or prescribed.

People were supported to maintain relationships with the people who they were close to. One relative told us, "I can visit when I want. If we want to take my relative out, the service is always happy to adapt their plans. If I can't get to the service for any reason they bring my relative to me and pick them up again." Staff and relatives told us that there were strong links with the local and wider community and people were well known in the community.

There was an easy read complaints policy in place. Staff had explained the complaints policy to people so that people understood how to complain if they wished to do so. People at the service had had no cause to complain and there had been no complaints since the last inspection. However, relatives told us that when they had complained in the past their complaint had been dealt with quickly and appropriately.

The service was not currently supporting anyone at the end of their life. The provider was planning to discuss end of life care with people's and their relatives and put plans in place.

Requires Improvement

Is the service well-led?

Our findings

When we returned to the service to meet the provider we saw that people knew the provider well and were comfortable approaching them and expressing their views.

Relatives told us, "I think that the service is well managed I don't have any worries. We work together the service and I."

Staff told us, "I would recommend the service, the environment is really good and professional and people feel at home here."

However, we found that the service did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided. The provider had introduced a new system mirrored CQC key lines of enquiries and an audit had recently been completed. However, the audit failed to identify and address the concerns highlighted on our inspection. In that one action identified in the fire service report on the service around the locked front door had not been addressed. There was a fire evacuation plan in place but it did not contain information specific to the person to ensure that they could be safely evacuated in the event of an emergency. And the provider had failed to ensure that employment background checks for staff included a full employment history. This meant that there had not been a robust monitoring system in place.

This failure to operate effective systems to assess, monitor and improve the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed this with the provider who identified that the organisation had grown to the size where they needed a manager or other support in place to ensure the smooth running of the service. The provider now ran two other registered locations all based in the same residential area. The provider had recently attempted to recruit a manager but the appointment had not been successful and the staff member had not started in post.

The provider had a clear vision for the service which was based on them running small services which focused on quality of life for the people that lived there. Staff were aware and understood the vision and values of the service. Staff told us that they enjoyed working at the service. One staff said, "I am proud that I am learning every day, I have become a more patient person." Another said, "I look forward to coming in to work. We put the welfare of people above everything else and discuss how we can improve people's lives." Staff told us that the provider was supportive and that there was an open and transparent culture. Staff said, "The provider is a very kind person, they give good advice and mentorship. They are part of the working process and makes it very easy for us to learn. They compliment me when I do things well" and "I feel supported in my role, the provider is really good."

Staff told us that the provider was accessible and approachable and that there was an open-door policy. The service was small and the provider worked alongside staff on a daily basis and was therefore able to

lead, review and understand staff practice. Staff told us, "The provider is very strict that we follow plans and policies and do things right."

There were staff meetings every month to share learning and discuss ideas to improve the service. The provider and staff took in in turns to chair the meetings. The provider told us that this ensured that staff were fully involved in running the meetings and gave staff the opportunity to contribute to the meeting agenda. Meeting minutes confirmed this practice and the staff we spoke with confirmed that they took place. Staff told us, "We do make suggestions and sometimes we are supported to make the decisions. Our opinions are counted. We meet once a month and we also meet when we need to." Between shifts staff had a handover meeting and completed a handover log which included information on any accidents, incidents or issues during the shift. This ensured that staff were aware of any recent events that had happened at the service.

The people who lived at the service and their relatives were asked to provide feedback on the quality of the service. Relatives are offered the opportunity to participate in an annual survey. A relative told us, "They have a questionnaire and they call me to ask about anything I write on there. I have good communication with the staff and with the manager." Records confirmed that people were asked their feedback about the service when they met with their keyworker. Feedback was sought in an informal manner in short sessions over a number of days as the service had identified that people were not able to engage in longer formal meetings.

The provider was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how events had been handled. This demonstrated the provider understood their legal obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service.

The provider told us that they continued to work closely with social workers, referral officers, learning disability health professionals and other health professionals. The provider told us that they attended local forums to share and develop best practice.

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 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not protected against the risks from the environment associated with fire safety and emergency evacuation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective quality monitoring systems.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to operate effective recruitment procedures.