HF Trust Limited

# HF Trust - Orchard View

## Inspection report

7 Waterloo Road
Bidford On Avon
Alcester
Warwickshire
B50 4JP

Tel: 01789490731

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

This inspection visit took place on 2 October 2018 and was unannounced.

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

Orchard View accommodates up to six people with learning disabilities in one purpose built building. There were six people living at the service at the time of our inspection visit. The home is in a rural area and all the accommodation is on one floor.

The care service had 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.

There was a registered manager in post at the service. 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.

At the last inspection in March 2016 the service was rated as Good. At this inspection we found people continued to receive a service that was caring and effective. However, we found a lack of permanent staff and people's differing needs meant staff could not always be responsive to the needs of those people who benefitted from more involvement and engagement in the local community. It also meant some health and safety checks had not been carried out in accordance with the provider's policies. We identified one breach of the regulations. The service is now rated 'Requires Improvement'.

There were enough staff to keep people safe, but the provider was reliant on agency staff to maintain safe staffing levels. The provider was actively recruiting new staff, but a lack of permanent staff had impacted on the ability of staff to respond to people's emotional and social needs.

There was a procedure for staff to follow to identify and manage risks associated with people's care. Staff had a good understanding of how to safeguard people from harm and report any concerns to the registered manager.

People were supported to access health services when needed and staff regularly worked in conjunction with other health and social care professionals to ensure people received effective care. People received their medicines as prescribed and their nutritional and hydration needs were met.

Staff worked within the principles of the Mental Capacity Act 2005. People were supported to have choice and their decisions and choices were respected. The registered manager understood their responsibilities under the Act. They had applied to the supervisory authority for the right to deprive people of their liberty when their care and support included restrictions in the person's best interests.

Staff received training to ensure they had the skills to meet people's needs. Some refresher training was overdue, but the provider had plans in place to deliver the required training to the whole staff team.

People continued to receive care that was kind and staff members treated them with dignity and respect. Staff ensured people's voices were heard and any concerns were addressed.

The service had recently been through a challenging and unsettling period. As a result, changes had been made to the registered manager's responsibilities within the provider group and they now only had managerial responsibility for Orchard View. Relatives had confidence in the registered manager and provider and said improvements had already been made within the home. The registered manager completed regular audits and had an improvement plan which they assured us would improve the safety and responsiveness of the service.

The provider had failed to notify us of some important events that had occurred in the home in accordance with their regulatory responsibilities.

You can see what action we have asked the provider to take at the end of our 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.

Staffing issues meant the provider was reliant on agency staff to maintain safe staffing levels. Staff understood their responsibilities to report any safeguarding concerns and these had been managed appropriately. People's care plans included risk assessments related to their individual needs and abilities both inside and outside the home. Some health and safety checks had not been carried out in accordance with the provider's policies.

### Is the service effective?

**Good**

The service remains Good.

### Is the service caring?

**Good**

The service remains Good.

### Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

Staff continued to be responsive to people's physical needs, but improvements were needed to support staff to respond to people's social and emotional needs. A lack of permanent staff had impacted on people's ability to engage within their local community. Staff supported people to ensure their concerns were heard.

### Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

Staffing challenges in the service had resulted in an unsettled period which had impacted on the safety and responsiveness of the service. People and staff had confidence in the registered manager to improve the quality of care within the home. The provider had a plan to address issues which had impacted on service provision within the home. The provider had not notified us of all the significant events that occurred in the home in accordance with their regulatory responsibilities.

# HF Trust - Orchard View

**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.

The inspection took place on 2 October 2018 and was conducted by one inspector and an assistant inspector. It was a comprehensive, unannounced inspection.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority.

During the inspection visit we spoke with one person who lived at the home to gather their views about the service they received. We spoke with the registered manager, three care staff, an agency worker and the provider's regional manager. Following our inspection visit we spoke with three relatives by telephone.

People were not able to tell us in detail about their support plans, this was because of their complex needs. However, we observed how care and support were delivered in the communal areas and reviewed two people's care plans to see how their care and treatment was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records and the provider's quality assurance audits.

Requires Improvement

# Is the service safe?

## Our findings

At our last inspection we rated the safety of the service as Good. Whilst we found the same level of protection from abuse and harm, we found a high number of staff vacancies had impacted on the provider's processes to ensure health and safety checks were maintained. The rating is now Requires Improvement.

People were relaxed with staff and approached them with confidence, which showed they trusted them. One person told us, "I feel safe and comfortable here. I trust the staff." They went on to say, "I don't feel safe without staff. I get panicky without them." Relatives confirmed their family members were safe because they "trusted" staff.

Staff had a good understanding of safeguarding and told us they had been trained to recognise signs of potential abuse. Staff told us there were many different forms of abuse and they understood their responsibility in reporting any concerns to the registered manager. One staff member told us, "It is all about keeping the ladies safe from abuse. We look out for any bruises or changes to behaviour and record and report it. We make sure we keep it factual." Another staff member told us, "We need to keep these guys safe from harm. If I see something, then I report it and tell them exactly what I have seen." Staff told us they had confidence in the management team to deal with any concerns raised.

We found that when concerns had been raised, the registered manager had followed the provider's policies and procedures to mitigate risks and ensure people were protected from abuse and discrimination. However, we did identify two incidents that had been reported to the local authority safeguarding team in accordance with the provider's safeguarding responsibilities, but they had not been reported to us (CQC) as required. We were assured these were accidental omissions as other safeguarding concerns had been promptly reported as required.

There were enough staff on duty to keep people safe. The registered manager explained staffing levels were flexible, depending on people's appointments and attendance at a day centre. However, a significant number of staff had recently left the service for a variety of reasons, and there were currently five staff vacancies which the provider was recruiting to. This meant there was a heavy reliance on agency staff which was reflected in the staffing on the day of our inspection visit. Of the five care staff on duty, three were agency workers. The registered manager acknowledged staffing was an issue, but told us they tried to use the same agency staff to provide consistency within the home. For example, one of the agency workers had been working in the home full time for seven weeks. The registered manager explained there was usually at least one permanent member of staff on each shift to guide and support the agency staff members and to administer medicines. This had not been possible the night before our inspection and the registered manager told us, "This did concern me as we have people diagnosed with epilepsy."

Staff confirmed the provider tried to ensure consistent agency staff but told us, "It is hard when you're the only contracted staff member, but we do have some brilliant agency. It is hard when we can't get the amount of agency staff that we need." Another staff member said, "It can be really hard. We try and get the agency staff to watch us with tasks, but we just haven't got the staff to do it. It is hard work."

Relatives were aware of the staffing issues within the home. One relative told us, "Quite a few staff have left. I was surprised and wasn't sure on reasons, but I don't think there has been any impact on [person]. They are adaptable."

The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care. A newly recruited member of staff confirmed they were unable to start work until the DBS check and references had been received and assessed by the provider. They told us, "I wasn't given a start date until they were all back." A permanent member of staff told us they had recently had their DBS renewed in line with the provider's employment policy.

There was a procedure for staff to follow to identify and manage risks associated with people's care. People's care plans included risk assessments related to their individual needs and abilities both inside and outside the home. Risk management plans advised staff how to support people to minimise identified risks. Where health care professionals had given advice, these were incorporated into the care plans. For example, one person had been advised to wear specially adapted shoes and we saw they were wearing them on the day of our inspection visit.

Some people who lived in the home needed specialist equipment such as hoists to enable staff to move them safely. We did not observe any manual handling practices during our inspection visit, but one person told us, "They use the hoist with me so I have to trust them. They know how to use it and I help them."

People's medicines were kept in medicine cabinets in their bedroom. However, we found the locks on the cabinets were not adequate to ensure people could not access them. The registered manager assured us they would ask the provider to address this as a matter of urgency.
Overall, medicines were given in accordance with people's prescriptions. One person told us, "I have my medication in my room. I take it with water and they [staff] do it right."

Staff completed medicines administration records (MARs) when they had given people their medicines. We checked three people's medicines against their signed medicine records which indicated they were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, such as for pain relief, plans were in place for pain management. However, one person was prescribed a medicine to be given at times of anxiety or agitation. There were limited guidelines in place to inform staff as to when this medicine should be given. The registered manager told us they would put a more detailed 'protocol' in place to ensure the medicine was given consistently by all staff.

Most medicines were delivered from the pharmacy in blister packs to it was easy to check if any errors had been made or medicines had not been given. However, some medicines were delivered in boxes and staff were not routinely carrying the balance of stock medicines onto the MAR charts. This meant it was difficult to know how many medicines people had in stock or identify any discrepancies. The registered manager had already identified this as an area that required improvement.

The registered manager told us only staff who had received training in medicines management gave people their medicines. Staff were required to have their competency to give people their medicines assessed by the registered manager on an annual basis. The registered manager acknowledged that competency assessments for some staff were overdue.

The home was clean and tidy and there were no unpleasant odours. Staff had access to appropriate PPE (Personal Protective Equipment) such as gloves and aprons when they needed them. Staff told us they

regularly cleaned equipment to ensure good infection control. One staff member explained the procedure for washing slings and said, "Each person has more than one so we make sure they are washed at night when they are in bed and put a fresh one back on the wheelchair."

There was a process for reporting and recording any incidents or accidents and a system to analyse any factors that could reduce the risk of reoccurrence. Where any concerns had been identified, we found that action had been taken to contact the relevant professionals for guidance and support. However, we identified one incident when adequate learning had not been taken. Whilst the provider had thermostatic mixing values (TMV) in place which should ensure safe water temperatures, the registered manager had recorded an incident where the TMV had failed. Fortunately, this had been identified by a member of staff so it had not resulted in any injury. Water temperature checks continued to be carried out on a monthly basis, but no further measures had been implemented to protect people from the risk of burns so the provider could assure themselves people were safe. The registered manager told us, "Staff do use their hand to test the water" but this was not adequate to manage the risks.

The provider's health and safety policies ensured the manager and staff knew their individual responsibilities for checking the premises, supplies and equipment were well maintained and regularly serviced. Generally, equipment and utilities were serviced in accordance with manufacturer's guidance to ensure they were safe to use. However, some health and safety checks had not been carried out in accordance with the provider's policies. The registered manager acknowledged it had been difficult to stay on top of the checks during the recent staffing challenges. They told us they were confident the checks would be maintained now more staff had been recruited.

There was information at the entrance to the home about what support people would need to ensure their safety should the building need to be evacuated.

Good

# Is the service effective?

## Our findings

At this inspection, we found people continued to receive effective support with their health and nutritional needs and staff supported people to make their own choices. The rating continues to be Good.

New staff completed an induction into the home when they first started their employment. One staff member told us, "I think it was a three-day induction which went through the values and beliefs of HFT and how the company works. They told us about our role too." This was followed by face to face and online training as well as working alongside experienced staff who knew people well. In addition to the provider's induction programme, staff completed the Care Certificate during their probationary period. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high-quality care and support.

We spoke with a member of agency staff who confirmed they had received an induction when they first started working at Orchard View. They told us the induction included reading people's care plans so they understood people's care needs and could support them effectively.

Staff employed by the provider received Person Centred Active Support (PCAS) training which is a way of supporting people so they are engaged in meaningful activity and relationships and have more control over their lives. One staff member spoke positively of the training and said, "It is really beneficial." Another member of staff said, "The PCAS training is good and all about building on people's skills. We have to find out what they are confident in." Whilst we saw some inclusive interactions, there was still work to be done in ensuring this approach was embedded within the home. The registered manager was confident this would be addressed as new staff were recruited into the home and went through the provider's induction process.

The provider required staff to 'refresh' their training on a regular basis. The registered manager told us some staff had not completed their refresher training in line with the provider's expectations due to pressures on their time. They told us the provider was arranging some training days for the whole staff team to ensure training was up to date and to encourage team working. The registered manager went on to say, "I am very positive with the new staff and with more training. The training days will help us rebuild the team."

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 can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Care plans contained mental capacity assessments which detailed what day to day decisions people could make and how staff should support them to make those decisions. Records demonstrated that where necessary, referrals had been made to the local authority to deprive people of their liberty when people

lacked the capacity to make a decision and there were some restrictions in their care plan to keep them safe.

Staff had a good understanding of the requirements of MCA. One staff member said, "Everyone has the ability to make decisions. Some people don't understand some things, but they do others. We don't assume they can't understand." Where people were unable to communicate decisions, staff monitored their behavioural responses to make a judgement about what was in the person's best interests. For example, at lunchtime we saw one person continually turned their head away when being assisted to have a drink of apple juice. The staff member supporting them went to the kitchen and changed the juice for a herbal tea. They said, "You can see that [person] didn't want the juice so we don't force them."

People's nutritional and hydration needs were met. People were offered a choice in line with their personal preferences. When one person asked what was for lunch, the staff member offered three suggestions. When this person had chosen what they wanted the staff member asked further questions such as, 'would you like salad cream or mayonnaise' and 'would you like any bread or crisps with it'." This person later told us, "I do the menu and the shopping. If I am ever hungry I will ask staff and they always say yes and get me something."

At lunch time staff had time to sit with people. Some people required assistance with eating and drinking and we observed a very relaxed and person-centred approach. For example, one staff member sat next to a person to assist them with their lunch. This staff member did not rush the person and asked them if they liked the food. Some people used specialist equipment so they could continue to eat independently. For example, one person had a lipped plate so their food did not spill and another person used an adapted spoon which they could hold more easily.

Staff knew people's individual risks around eating and drinking because people's 'eating and drinking guidelines' were readily available in the kitchen. Staff told us, "We also have training on eating and drinking which teaches you to make sure people are sitting upright for example."

People's care needs were assessed and detailed plans of care were in place. Healthcare professionals were involved in people's care because of their complex needs. We observed staff supporting people to follow guidance from other healthcare professionals. For example, one person wore a weighted vest while eating their meal and sat in a specific chair in accordance with the recommendations of a Speech and Language Therapist.

Each person had a 'fact sheet' which contained important information about the person that could be passed quickly to health care staff if it was necessary for the person to be admitted to hospital. This included information about the person's medicines, any allergies and any support they needed with eating, drinking and communication. This ensured all their needs could continue to be met during a transition between services.

The accommodation was a bungalow with large spacious communal areas and wide corridors which made it accessible for people in their wheelchairs. Each person had their own bedroom, some of which had ceiling hoists to enable staff to easily transfer people. The equipment in bathrooms and shower rooms had been adapted so everyone could safely use it. There was a large central courtyard where people could enjoy spending time outside on warmer days.

Good

# Is the service caring?

## Our findings

At this inspection, we found people continued to receive care that was kind and staff members treated them with dignity and respect. The rating continues to be Good.

During our inspection visit we saw some caring interactions between people and staff which demonstrated a trusted relationship. One person approached a staff member and linked arms with them and placed their head on the staff member's shoulder. Another person held a staff member's hand. When speaking about the staff, one person told us, "I like the staff, they are kind to me." They went on to say, "All of my carers are really, really good."

Relatives were complimentary about the level of care shown by staff. One relative told us, "Everyone treats [person] with kindness, respect and affection. I have never had any problems." Another relative told us, "She is really looked after. No worries at all. They have her best Interests at heart." In response to a survey, a visiting healthcare professional had recently commented, "There is a lovely atmosphere of chatting and banter that everyone is involved in."

Staff told us they enjoyed their role within the home because they liked being with people and spoke warmly about the relationships they had built with them. When interacting with people, staff demonstrated an approach that was non-discriminatory and spoke about people in a respectful way. One staff member explained, "I enjoy my job. I like making them smile." A new member of staff spoke about their first impressions when they started working at Orchard View. They told us, "This is a very chilled and relaxed home. I think the staff are brilliant. They do really seem to know the people they care for."

Staff worked with people to ensure the care they provided met people's individual needs. One person told us they did not like asking staff to support them with personal care when they were with other people, so they had developed a new strategy with staff to maintain their dignity. Rather than having to verbally ask staff for help, they went to their bedroom and pressed a buzzer. Staff would then know that the person needed support with personal care, rather than the person having to ask. This person told us, "It is personal and I don't like to ask in front of people. Staff come straight away and help me. It is embarrassing having to ask. They respect my dignity."

One relative told us that after an unsettling period when there had been significant changes in staff, things were settling down. They said, "I am so relieved that it is now a happy home. It is so much happier. Staff are doing more things with people now." They went on to give examples of how people were more involved with the daily running of the home such as cooking or taking out the bins and said, "This wasn't happening before." The Registered Manager supported this and said, "Now their house is their home. It is so much more relaxed." On the day of our inspection visit one person helped a member of staff prepare the evening meal.

One person who lived at the home was involved in a speak out group organised by the provider called "Voices to be heard" which had regular local and national meetings. This person told us, "I go to special meetings. At the last meeting I told them about new staff getting on well." This person explained they were

also involved with interviewing new staff members and told us, "It is important so I know who works here."

Requires Improvement

# Is the service responsive?

## Our findings

At our last inspection in March 2016 we rated this key question as Good. At this inspection we found staff continued to be responsive to people's physical needs, but improvements were needed in supporting staff to respond to people's social and emotional needs. The rating is now Requires Improvement.

Care plans were stored electronically on the provider's support planning, assessment and recording system (SPARS). Overall, care plans were personalised and included information on people's likes, dislikes choices and preferred routines. This information meant staff had the necessary knowledge to support people in a way that was in the person's best interests.

However, one person could become anxious which could result in them displaying behaviours that could be difficult for themselves to manage and impact on others in the home. It was not clear in their care plan what preventative measures staff should try to prevent the person reaching 'crisis'. Although there were guidelines in place on how to respond to behaviours, they lacked detail on what refocusing or distraction techniques to use such as changing the person's environment, going for a walk or offering a favoured activity for example. One staff member told us, "There is a protocol but I prefer watching staff and learning. We go on our knowledge as it can be a different response each time." We discussed this person with the registered manager who agreed that a referral might be appropriate to the provider's team of skilled PBS (Positive Behaviour Support) practitioners.

Overall, people and their relatives were confident staff knew how to respond to people's needs. One person told us, "The staff know how to help me and if I get stressed they know how to calm me down. They read me a story or I listen to music."

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. The provider recognised people's different levels of communication. Detailed communication plans described the way people communicated and how staff should engage with them. For example, one person's care plan described their non-verbal behaviours and what these meant, such as walking into the kitchen and standing by the cupboard meant the person was hungry. The provider had also considered ways of making information more accessible for people. Minutes of meetings were in a pictorial easy read format, as were the complaints form and the fire procedure.

The registered manager and staff were open when telling us how staffing issues had made it more difficult to respond to people's social needs. This was because agency staff were not allowed to give medicines so they were unable to take people out alone. There was also a lack of qualified drivers, and because of the location of the service, this meant people's opportunities to engage within their local community had reduced. One staff member told us, "[Person] is missing out as she used to go out all of the time. [Person] was never in the house and now she is here the majority of the time." They went on to say, "We only have one contracted staff member who drives." A relative told us, "Drivers are a problem. It can impact on [person] as she likes to go out, but she isn't able to as much anymore." One person told us, "It depends on staff if I can go out. I would

like to go out more if I could." Some people had allocated one to one hours to support their emotional and social wellbeing but one staff member told us, "We are not always achieving the one to one staffing ratios which is impacting on their social life."

We discussed these issues with the registered manager who was confident that people would be able to go out more as new staff were recruited. In the meantime, they told us people were doing more activities in the home and attending the local day centre which was on the same site as Orchard View. One person told us, "I have aromatherapy which makes me feel sleepy and relaxed. I have it every Tuesday." They went on to say, "I am going on holiday with my family. They [the provider] are letting us borrow the mini bus."

Whilst nobody living at the home was poorly, the registered manager told us that if a person's health deteriorated, every effort would be made for the person to remain at the home with staff that knew them well.

The provider had a complaints procedure that was available in a format that was accessible to people. One person had been supported to make a complaint about the fact they could not access the registered manager's office in their wheelchair. This had been looked into by the provider who was investigating the cost of making changes to the building to ensure the office was accessible to everyone who lived in the home.

Requires Improvement

# Is the service well-led?

## Our findings

At our inspection in March 2016 we rated the leadership of the service as Good. At this inspection we found staffing challenges in the service had resulted in an unsettled period which had impacted on the safety and responsiveness of the service. The rating is now Requires Improvement.

The provider is required to inform us (CQC) of important events that occur within the service. We identified that the provider had not informed us of authorisations to deprive people of their liberty or of two safeguarding concerns they had referred to the local authority. The provider's regional manager assured us the notifications would be submitted retrospectively.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

Prior to July 2018 the registered manager had managed two more of the provider's services, as well as Orchard View. The registered manager has now applied to remove the other two services from their registration to concentrate on Orchard View. One relative told us there had been some challenges at the home when the registered manager was responsible for the other services. They told us, "They weren't really managing the service as they spent most of their time at the other service they managed. Staff were left to their own devices." This relative spoke positively of the recent changes and said, "It is much better now she is based in the home as she can see what is going on."

One relative talked to us about some concerns they had regarding poor staff conduct. This had been investigated by the provider and appropriate action had been taken. The registered manager told us, "It was a challenging time and there were problems within the staff team, but this was dealt with and we are moving on from this." However, a lack of permanent staff meant the provider was heavily reliant on agency staff to maintain safe staffing levels.

The registered manager told us the provider was actively recruiting and three new staff had recently been appointed. One had already started working in the home and two others were waiting for their employment checks to be processed. The registered manager told us the provider had recently appointed a specialist in recruitment to ensure staff with the right values and experience were appointed to work in the home. They were confident that the quality of care would improve once they had a full staff team in place.

Some relatives felt that communication wasn't always effective within the home. For example, one relative told us, "I usually go once a year for an annual review, but last year I just had a letter to say they had had one. I was very disappointed that I wasn't invited." Another relative said, "There have been staffing issues. I had more contact with old staff as they gave updates. I wasn't told about them leaving and didn't get chance to say thank you. Families were not really informed or told what was going on. I felt let down."

Despite these concerns, relatives were confident in the registered manager and that improvements were being made. One relative told us, "The standard of care is exceptional." Another relative spoke highly of the

registered manager and said, "They are very good. When [person] was ill she stayed with them in the hospital and didn't get home until 1am. They went over and above the call of duty and I was extremely grateful." A third relative told us, "I have no issues with the management."

Relatives also expressed confidence in the provider. One relative said, "It is a fantastic organisation and they do so much for the people that live there."

Staff and people also spoke positively about the registered manager. One staff member told us, "She is approachable and very open. She really supported me and resolved a situation that I had. She even covers shifts." Another said, "She is lovely. She is really approachable and gives that guidance you need." An agency member of staff described the registered manager as, "Brilliant, her door is always open. She is very hands on and she really cares for the residents here." One person told us the name of the registered manager and said, "She listens to me."

Whilst staff told us they felt supported, they said, "We used to have team meetings but not anymore." The registered manager acknowledged that staff appraisals were overdue and whilst one to one meetings were happening with staff, they were not always being recorded. Despite this, one staff member told us they found the opportunities to talk with the registered manager, "Useful because you can get things off your chest."

The provider encouraged people to share their views both of their home and within the wider provider group. One person regularly attended the provider's 'Voices to be Heard' group where they were included in discussions about areas of improvement within the service and encouraged to share their ideas about how improvements could be made. For example, people within the group had been asked to review the complaints form to see if it could be improved to make it more accessible to people.

Relatives were asked their opinions of the service through questionnaires sent directly from the provider. The provider had a 'Family Carer Support Service' where relatives could ask questions and receive advice on topics relating to people with a learning disability. Relatives could also leave their comments about the care provided at the home through a 'hub' on the provider's website.

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. Each month the registered manager completed an audit against the five key questions: Is the service safe, effective, caring, responsive and well-led? The registered manager showed us the home improvement plan that had been generated as a result of their monthly audits. The plan addressed some of the issues we had identified during our inspection visit.

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 18 Registration Regulations 2009 Notifications of other incidents<br><br>The provider had not notified us of all the significant events that occurred in the home in accordance with their regulatory responsibilities. |