

# Almond Villas Limited

# Almond Villas

## Inspection report

3 Dukes Brow  
Blackburn  
Lancashire  
BB2 6EX

Tel: 01254681243  
Website: [www.almond-villas.co.uk](http://www.almond-villas.co.uk)






Date of inspection visit:  
19 March 2018  
20 March 2018

Date of publication:  
03 May 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 19 and 20 March 2018. The first day of the inspection was unannounced. The service was last inspected in October 2015 when it was rated Good.

Almond Villas is a 'care home' which is registered to provide residential rehabilitation for up to 14 adults with complex mental health needs. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home is a detached property close to Blackburn town centre and is comprised of four three bedroomed flats, each having communal facilities including kitchens and two further self-contained flats for people to live more independently prior to living in the community. There is a communal kitchen to teach people cookery skills and further rooms for group support sessions or private meetings. At the time of this inspection there were 12 people accommodated in the home.

According to CQC's records at the time of the inspection, there was a registered manager in place at Almond Villas. 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. However, at the start of the inspection we were told this manager had left the home in May 2017 without submitting an application to deregister as manager. The acting manager in post told us they had submitted an application to register with CQC and had an interview scheduled for 5 April to assess their suitability for the role. The acting manager told us they had worked at Almond Villas for 17 years and were therefore familiar with staff and practices within the home. As the acting manager was also responsible for two other homes owned by the provider in the Blackburn area, they were supported in the running of these services by an acting deputy manager.

During this inspection, we identified one breach of regulations. This was because the systems and processes to monitor the quality and safety of the service were not sufficiently robust; this had led to the shortfalls we identified during this inspection. You can see what action we told the provider to take at the back of the full version of the report.

Although audits were in place, the audit in relation to care plans had failed to identify that some care

records and safety assessments had not been reviewed or updated since the initial 3 month trial assessment period. There was no evidence that the provider had undertaken any monitoring visits since the last inspection and required actions had not been completed since the infection control audit conducted by the local authority in September 2017. In addition, people who lived in the home had not been offered the opportunity to complete a survey in order to give feedback on their care since September 2016.

People told us they felt safe living in Almond Villas. They told us staff were always available to support them in the activities they wished to do. People were enabled to make their own decisions and told us staff always promoted their independence. During the inspection we observed staff were caring and respectful in their interactions with people who used the service.

Robust systems were in place to ensure the safe handling of medicines. People were supported to take responsibility for their own medicines whenever possible.

The home was clean and well maintained. However, we have made a recommendation in relation to infection control.

Systems were in place to ensure staff were safely recruited. People who used the service told us staff provided the right level of support to meet their needs and to achieve their rehabilitation goals.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Where necessary, people were supported to access advocacy services to help them express their views and opinions about their care arrangements.

Staff told us they received the induction, training and supervision they needed to be able to carry out their roles effectively. They told us they felt valued and respected by senior staff in the service.

Staff demonstrated a commitment to providing people with equal opportunities and ensuring individuals received the support they needed to meet their diverse needs. The ethos of the service was that people should be provided with high quality, person centred care.

People who used the service were encouraged to participate in activities which met their interests and helped to promote their health and well-being. People were also supported to keep in contact with friends and family.

Records we reviewed showed that, where necessary, people were provided with support from staff to attend health appointments. People were also supported by staff, as far as possible, to maintain a healthy diet.

The acting manager promoted a culture where staff were able to report any incidents which occurred in order to ensure lessons could be learned. They were also committed to the greater involvement of people who lived in the home and staff in the way the service was run.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People who lived in Almond Villas told us they felt safe and there were always enough staff available to meet their support needs.

Risk assessments had not always been formally reviewed to help ensure they accurately reflected people's current needs.

Some improvements needed to be made to help prevent the risk of cross infection.

Policies, procedures and staff training helped to ensure the safe handling of medicines. People were supported to have as much control as possible over the way their medicines were managed.

### Is the service effective?

**Good** ●

The service was effective.

Staff received the induction, supervision and training they required to be able to deliver effective care and support.

Staff had received training in the Mental Capacity Act 2005. Staff understood their responsibilities to protect people's rights to make their own decisions and choices.

People were supported to maintain good physical and mental health through regular monitoring and attendance at external appointments.

### Is the service caring?

**Good** ●

People who used the service told us staff were supportive and would always help them to achieve their goals.

Staff demonstrated a commitment to providing high quality support and care which met each person's diverse needs.

People were encouraged to access independent advocacy services. This helped to ensure their views and wishes were

genuinely considered when decisions were being made about their lives.

### Is the service responsive?

**Good** ●

The service was responsive.

People told us staff always provided them with the support they needed.

People were supported to attend activities of their choice and to maintain relationships with family and friends.

People had opportunities to provide feedback on the support they received.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

Quality assurance systems in the service had not been sufficiently robust to identify the shortfalls found during the inspection.

The service had an acting manager in place who had applied to register with CQC. People who used the service told us acting manager was understanding and approachable.

Staff told us they enjoyed working in the service and felt well supported by their colleagues and senior staff in the service.

# Almond Villas

## **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 inspection took place on 19 and 20 March 2018; the first day of the inspection was unannounced. The inspection was undertaken by one adult social care inspector.

In preparation for our visit, we contacted Healthwatch, the infection prevention team, the local authority quality assurance and safeguarding teams for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

When planning the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. With people's permission we looked at the communal areas in each of the flats and spoke with four people who used the service. We also spoke with the acting manager, the acting deputy manager, the team leader, the community inclusion coordinator and five support workers including the staff member responsible for health and safety.

We looked at a sample of records including four people's support plans and other associated documentation, five staff recruitment records, staff rotas, training and supervision records, minutes from meetings, complaints records, medicines records, maintenance records and a sample of policies and

procedures and audits.



## Our findings

All the people we spoke with told us they felt safe in Almond Villas and had never experienced any bullying from others or discrimination. Comments people made included, "I definitely feel safe here. Any problems I see my keyworker", "It's good here. I feel safe" and "There's never anything bad happening here."

We looked at the care records for four people who used the service. Two of these records had safety assessments in place which had not been formally reviewed since the three month trial admission period had ended; both people had been living in the home for over 12 months. This meant there was a risk people might receive unsafe care, although neither of the individuals concerned raised any issues with us.

We spoke with the staff member responsible for infection control who showed us the audits in place for each flat to help protect people from infection. We noted the temperatures of fridges had not always been documented on these audits as required; this meant there was a risk food might not be stored at the correct temperature.

During the inspection, we conducted a tour of communal areas in each flat. We noted a number of issues in relation to infection control; these included the storage of mops, the need for bathroom cabinets to provide appropriate storage, uncovered bins in bathrooms and a shower cubicle which needed to be refurbished. We were aware from our pre-inspection enquiries that an audit had been completed by the local authority infection prevention team in September 2017 at which these issues had been raised. When we spoke with the staff member responsible for infection control they advised us they were still awaiting funding from head office to complete the required improvements.

We recommend the provider refers to current statutory guidance to ensure best practice in the area of infection control.

Staff spoken with were aware of the safeguarding policies and procedures in place. The service had a safeguarding champion and safeguarding lead in place. Staff told us they would feel confident in approaching either person to ask for advice or support if they had any concerns about potential abuse or poor practice.

Records we reviewed showed a safeguarding audit was completed on a regular basis. This showed the action that had been taken and any lessons learned following any safeguarding referrals made to the local authority. We saw that a medicines audit tool had been put in place following a medicines error to help



prevent similar errors from occurring.

We looked at the files for five staff to check whether the recruitment process was fair and robust. All of the files contained an application form, at least two references, identity checks and a Disclosure and Barring Service (DBS) check; the DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people working with vulnerable people. However, we noted one person had left the service for a period of six months in 2006 and had not completed an application form when they were re-employed; this also meant references had not been taken up in relation to their suitability for the new post. When we discussed this with the acting manager they showed us the file for a person who had left the service more recently and had subsequently returned; this showed the correct recruitment process had been followed.

Records we reviewed showed all staff responsible for administering medicines had received training for this task. Staff were also observed on five occasions as part of their induction to ensure they were competent to administer medicines safely before they were allowed to do so without supervision.

We looked at the medication administration record (MAR) charts for four people who used the service and found these were all fully completed. There was a system in place for people who lived in the home to self-administer their own medicines once they had demonstrated they were able to do so safely. People who administered their own medicines told us staff checked regularly to ensure they had taken them as prescribed. The acting manager told us they also ensured that, where staff administered medicines, people supported were still involved in the selection of the medicines they needed to take, in order to promote their rehabilitation and independence.

We observed daily stock counts of all medicines were undertaken to help ensure people had always received their prescribed medicines. When we checked the stock of medicines for one person we found these corresponded accurately with the records held.

People who used the service told us there were always enough staff on duty to provide the support they needed. The acting manager told us extra staffing was arranged if people required support to attend appointments or particular activities. One person told us, "There are enough staff to get me out. I need that support."

Accidents and incidents were managed safely in the service. We saw any accident or incident had been recorded with clear evidence of the action taken. The acting manager told us, and records we looked at confirmed, accidents and incidents were reviewed to ensure any lessons learned were communicated to the staff team.

Procedures were in place to help ensure the building would be evacuated safely in the event of an emergency. We noted fire safety training was being conducted with a group of staff on the first day of the inspection. We also noted a business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency at the home.



## Our findings

The aim of the service was to provide people with a therapeutic environment in which their recovery could be promoted. People were helped to develop independent living so that, wherever possible they were able to move into a less supported environment. In order to achieve this two of the flats in the home were intended for individuals who required minimal support prior to moving into their own accommodation.

People we spoke with told us staff were effective in helping them to develop independent living skills and to manage their mental health needs. One person commented, "I feel I have progressed here. I don't need much support from staff here now although they are there if I need them."

We saw that a comprehensive assessment was completed before people were accepted into the service. The acting manager told us that a transition plan was put in place before people moved into Almond Villas. This allowed them to make a decision about whether they wanted to accept the offer of a place at the home and whether they were willing to accept the 'house rules'. We were told this transition period also allowed people who already lived in the home to get to know the individual. In addition, staff were also able to make an assessment of the compatibility of all the individuals to live together in a particular flat.

We looked to see how staff were supported to develop their knowledge and skills. Staff we spoke with told us they completed an induction when they started work in the service. Records we reviewed showed staff were required to complete a comprehensive induction workbook during their probation period which helped to ensure they had the knowledge and skills to provide effective care. New staff also completed shadow shifts with more experienced workers to help them understand the needs of the people they would be supporting.

Records we reviewed showed that staff had received training to help ensure they were able to provide people with effective care and support. This training included areas such as equality and diversity, MCA and DoLS, mental health awareness, communication, infection control, safeguarding adults, first aid and food hygiene. Staff told us they found the training to be of good quality. They told us they were also supported to undertake additional training to help them develop their skills. One staff member told us, "I have done art therapy training as they recognised I like to communicate with people through art." We noted that a central log was maintained of all training completed by staff and when required refresher training was due.

Records we reviewed confirmed staff received regular supervision and appraisal. The business/referrals manager was also a trained counsellor and within this role they provided staff with reflective supervision. In

addition, performance management supervision was also provided to all staff. Records of these supervision sessions showed staff received feedback on their performance and were supported to consider their training and development needs on an on-going basis.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The acting manager and staff demonstrated a good understanding of the principles of the MCA. Staff told us they would always support people to make their own decisions, within the context of any legal restrictions in place. No one in the home was subject to DoLS, although most were required to live at Almond Villas as a condition of their licence or restrictions placed on them by the Ministry of Justice. Each person's legal status and any conditions attached were documented on their care records. A staff member told us, "People haven't necessarily chosen this as their home. We should enable them to have as much control here as possible."

The acting manager told us they had some concerns regarding one person's fluctuating capacity to make a particular decision. However, there was no record of any capacity assessment on the person's records. The acting manager told us this was because they had been advised by the local Clinical Commissioning Group (CCG) that such an assessment could only be carried out by clinically trained external professionals; this is not in accordance with the MCA which states, 'The person who assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the individual at the time the decision needs to be made.' The acting manager told us they would discuss this with the CCG to help ensure people's rights were always properly protected.

We observed the morning handover meeting on both days of the inspection. This was the process for ensuring staff were aware of any changes to people's mental health and support needs. The meeting was also used by the team leader to allocate staff roles for the day, including the administration of medicines and the support people required in relation to activities and domestic tasks.

People who lived in Almond Villas were provided with £30 each week to purchase food. Staff told us people were expected to purchase healthy food with this money, although it was acknowledged they were also able to choose less healthy food with their own personal money. A staff member told us, "I always try and say let's eat for the heart or the brain." One person told us they had agreed to staff holding their money in an attempt to restrict their intake of unhealthy food.

In addition to people cooking independently, there were group cooking sessions held in the communal kitchen. This was partly to teach people to cook new dishes but also to create a social occasion.

From the records we looked at, we saw people in Almond Villas were supported to access health care services in relation to their mental and physical health needs. These included appointments with dentists,

opticians and GPs. On the second day of the inspection, we noted a healthcare professional visited the premises in order to undertake health checks with some people.

One of the medicines prescribed to a number of people living in Almond Villas required staff to closely monitor their physical health, particularly if they were suffering from a raised temperature. We saw safety assessments and monitoring documents were in place to ensure staff recorded and reviewed any changes in a person's physical health.



## Our findings

People who used the service told us staff were supportive, caring and helped them to achieve their goals. One person commented, "I get a lot of support. Everything is good." Another person told us, "The staff are good. I'm quite happy here."

During the inspection, we observed warm and respectful interactions between all staff and people who lived in the home. As part of the daily handover, the team leader also allocated staff to spend one to one time with people whose mental health needs at the time of the inspection meant they would benefit from additional support.

We observed staff asked permission from people to enter their flats. People had a key to their own room and staff were only allowed to enter without the person's consent if they had concerns about their well-being or needed to undertake health and safety checks.

People told us they were involved in developing and reviewing their support plans, although this was not clearly evident from the records we reviewed. One person told us, "I have keyworker sessions to go through things." Another person commented, "I know about my support plan. I am working on my goals."

We noted that all care records were kept securely in a locked cupboard. This helped ensure the confidentiality of people's personal information.

The purpose of the service was to enable people to be as independent as possible in order for them to be able to move into less supported types of accommodation. One person told us, "I am ready to move on now." Where necessary, people were also supported to maintain contact with family and friends. One person told us, "It's important. Staff help me to keep contact with my family. They took me to my mum's resting place."

We were told two people in the service had their own vehicles which helped to promote their independence. Records we reviewed showed staff completed checks to help ensure people fulfilled their responsibilities as vehicle owners in order to help ensure their safety and that of other road users.

The service had an equality and diversity policy in place. This stated, 'Almond Villas will actively encourage diversity to maximise achievement, creativity, innovation and good practice and to bring benefits to individuals and communities.' From our discussions it was clear staff understood the importance of acknowledging people's diversity, treating people equally and ensuring that they promoted people's right to

be free from discrimination. A staff member told us, "We treat people equally but recognise they are different, each with their own abilities."

Prior to their admission to the service people were given a service user guide which contained information about the support they could expect to receive during their stay at the home, including the house rules and how they could get their views heard and acted upon. The acting manager told us people were encouraged to access independent advocacy services. This helped to ensure their views and wishes were genuinely considered when decisions were being made about their lives. We saw information about local advocacy services was displayed on the noticeboard in one of the communal areas.



## Our findings

People told us staff always responded to their needs and supported them well. Comments people made included, "Support is always there if I need it" and "We do meditation with [Name of staff member]. It's peaceful and really helpful."

We were told the service delivered person centred care using the recovery model. The website for the home stated, 'Almond Villas offers individually tailored programmes which incorporate the principles of person centred models, assisting the service user to identify what is important 'to' them and improving their insight into what is important 'for' them.' Staff confirmed this was the approach they used to support people who lived in the home. One staff member commented, "We don't just look at mental health. We use a holistic approach in order to provide person centred care."

Each person had detailed support plans which reflected their choices and preferences. Records identified people's support needs in all aspects of their lives and provided guidance for staff on how to respond to them. Information included, 'Things that keep me well', 'How I know I am becoming unwell' and 'How staff know I am becoming unwell.'

Staff in the service maintained regular contact with the community mental health professionals who were responsible for reviewing people's care arrangements. This helped to ensure any changes in people's mental health could be closely monitored and action taken where necessary. During the inspection, we saw a number of professionals attended formal review meetings or visited people to discuss their progress at Almond Villas. We noted professionals had made recent positive comments in the visitor's book regarding the care people received in the home. One person had written, "Staff are approachable and helpful. [Name of person] expressed happiness and satisfaction about the provider of his placement."

We were shown the journals which staff were helping people to complete in order to document their achievements and steps towards their recovery. The community inclusion coordinator told us this was part of the 'This time next year' goal setting project they were involved with. One person who used the service told us they were proud of everything they had achieved and felt the journal they were making was a good way of recording their progress towards recovery.

We were told the service had a focus on supporting people to be involved in meaningful activities. To support this one staff member had taken on the role of activity champion. Records we reviewed showed people had the opportunity to attend a wide range of activities in the local community, including horse

riding, golf and fishing. People were also supported and encouraged to take on volunteer roles to help develop their employability skills should they wish to progress to paid work.

A staff member told us how they were supporting people to visit a local charity which rescued horses in order to donate the money they had collected from their loose change. They told us people who lived in Almond Villas had made the decision about which charity they wanted to support.

The community inclusion coordinator told us one of their main roles was also to plan activities with people who lived in Almond Villas. They showed us the planning which had taken place with people regarding a recent trip to a local holiday village. This demonstrated people had been involved in decision making at every stage of the process, including how to travel to the venue, what activities to undertake and the food people wanted to eat during the holiday. Feedback had been sought from people after the holiday which was all extremely positive. In addition, a film had been made of the holiday and this had been used to encourage other people who lived in the home to consider planning a holiday in the future. The community inclusion coordinator told us they were trying to make films on a regular basis to record the activities people had completed.

The community inclusion coordinator told us they and other staff had supported people who lived in Almond Villas to be involved in a project delivered locally by the British Institute of Human Rights (BIHR) in partnership with the local Healthwatch organisation. This project focused on people's experiences of how their human rights were respected or ignored in services including hospitals and prisons. The discussions held with people who lived in Almond Villas contributed to the development of resources published by BIHR about mental health and human rights.

The community inclusion coordinator told us the people who lived in Almond Villas were involved in developing a resident forum, the process for which had started in January 2018. As part of this process, people had been asked whether they felt their opinions were valued, whether their needs were always met and whether they considered they had a say in the way the home was run. We were told the feedback from people had been largely positive.

People were also involved in developing an editorial team to produce 'The Voice' magazine for the service. This magazine was a forum for people to share their achievements and opinions as well as develop their skills in the use of technology.

A staff member told us how they had supported one person to use technology in order to better communicate with people important to them. They told us, "They now have a tablet which they love. They can do the basics which improve their quality of life and give them some joy."

The acting manager told us they were considering how technology could be used to record a video tour of the home which would be used in pre-admission assessments to help people make the decision about whether they wanted to move into Almond Villas.

People told us staff supported them to maintain contact with family and friends. Records we reviewed showed staff had worked with social care professionals to help minimise any risks when a person visited their child; this helped to ensure this important relationship could be maintained.

We checked whether the provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can



access and understand, and any communication support that they need. The acting manager told us they were unaware of this standard but that people's communication needs were always considered as part of the assessment and support planning process. They told us they would check the requirements of the AIS to ensure the service was compliant with them.

There was a complaints procedure available which was included in the guide people received to help them make a decision about admission to Almond Villas. The information was clear about how to let others know if they were unhappy with their care or with something in the home. The service monitored any complaints, compliments or concerns and used the information to understand how they could improve or where they were doing well. We saw there had been one complaint made in the previous 12 months although this did not relate to person's care in Almond Villas but to how they had been treated in the local community. We noted the acting manager had taken this complaint seriously and had taken appropriate action to safeguard the welfare of the person concerned.

People spoken with told us they would be happy to complain to the acting manager or their keyworker if they were unhappy with any aspect of their care. One person commented, "I know how to complain but I have nothing to complain about."

The acting manager told us there had been a recent unexpected death at the service which had prompted a discussion and review of how the service captured people's wishes in relation to end of life care. Records we reviewed showed people were asked what their wishes would be should they die while living in the home, including their views in relation to whether they would wish attempts to be made to resuscitate them.



## Our findings

According to CQC's records at the time of the inspection, there was a registered manager in place at Almond Villas. However, at the start of the inspection we were told this manager had left the home in May 2017 without submitting an application to deregister as manager. The acting manager told us they had applied to register with CQC as manager for the home and were awaiting their interview to assess their suitability for the role.

We looked at the arrangements in place to monitor the quality and safety of the service. We saw that there were a number of audits in place covering infection control, medicines and care plans. However, we discussed with the acting manager that the care plan audit was in fact only a spread sheet which documented when care plans had been completed. As a result of this there was no clear action plan or timescales to ensure care records were regularly reviewed and updated where necessary. This had led to our findings that two people's care records had not been updated since the initial three month assessment period, although both individuals had lived in the home for over 12 months. The acting manager told us they would take action to improve the quality assurance processes in relation to care records. In addition, the provider had not ensured that the required actions identified in the local authority infection prevention audit had been completed in a timely manner.

We were told people who lived in Almond Villas were usually asked to complete satisfaction surveys on an annual basis. However, the acting manager told us this annual survey had been due in September 2017 but was yet to be distributed to people for completion. They told us this had been due to staffing changes in the home, particularly the resignation of the registered manager which had set the service back on a number of issues. The fact that a survey had not been completed since September 2016 meant people had not been offered a formal opportunity to provide feedback on the care and support they received in Almond Villas.

We were also unable to find any evidence of provider monitoring visits having taken place since the last inspection, although the acting manager told us they were expecting an audit visit to be undertaken by staff from head office.

There was a lack of robust quality assurance processes. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our pre-inspection checks showed the provider was meeting the requirement to display the most recent rating for the service on their website. Although we found the rating from the last inspection was also on

display in the home, this was in a group room rather than in a conspicuous place as required under the regulations. The acting manager told us they would arrange for the rating to be displayed in the entrance area to the home; this would mean that people who lived in the home, staff and visitors would be aware of the outcome of the most recent inspection.

People who lived in Almond Villas and staff were complimentary about the acting manager and the way the home was run. Comments people made to us included, "I see [name of acting manager] a lot. We go out for a brew together sometimes", "I feel it's well run. The support is there whenever you need it", "The manager is lovely. We can go to her if we have any worries" and "There is a positive atmosphere here which reflects in the standard of care."

The acting manager was knowledgeable about people's individual needs and preferences. They understood their responsibilities and followed procedures for reporting any adverse events to CQC and to other organisations such as the local authority safeguarding team. Planned improvements for the service were set out in the PIR (Provider Information Return) which demonstrated the service was focused on a process of continuous improvement.

We found the culture of the service was one in which lessons were learned from any incidents or accidents which occurred. A staff member told us, "The thing we are told here is that we learn from mistakes. That's what I really like about here. It's better to be honest." The deputy manager told us how they had conducted a de-brief with staff following the recent death of a person who lived in the home. They told us they had used this session to tell staff how proud they were of the actions staff had taken to try and save the person's life. They told us they also regularly asked staff in supervision if there was anything they could to support them either in or outside of work.

We observed a good working relationship between the acting manager and staff. Staff told us they felt valued, listened to, enjoyed working at the service and were part of a good team. They said, "I love it here. It's a job for life. I have never worked anywhere where the staff team looks after each other as much as here" and "Staff morale had a bit of a dip but it's better now. It was staff not saying how they felt until [name of acting manager] asked us in to tell her so she could deal with things. It's taken time for staff to get used to the new manager and feel it's safe to offload without being judged."

All the staff we spoke with told us they felt they were treated equally and supported with any physical or mental health issues they had. One staff member commented, "We are all treated equally. That's part of the Equality Act and the Disability Act. Everyone is offered equal opportunities here."

Staff received regular feedback on their performance and had the opportunity to attend regular meetings to discuss issues relating to the people they were supporting, exchange ideas and develop good practice. However, we noted it was not always possible to tell from the minutes of staff meetings whether agreed actions had been completed. The acting manager told us they would ensure this was documented for future meetings.

We asked the acting manager about the vision and values on which the service was based. They told us these had always been that people should receive person centred, therapeutic and high quality support. They told us they were currently in the process of reviewing these with staff. Following our discussions, they told us they would also involve people who lived in the home in this process. This should help to ensure the vision and values were embedded in practice and promoted in the home.

The acting manager told us they were working hard to ensure the service was inclusive. They told us that in

support of this there was a plan to open up management meetings to both staff and people who used the service. They commented, "We don't want it to be a top down service. The more included people are, the more we are able to provide the service they want to live and work in."

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to operate an effective system for assessing, monitoring and improving the service. Regulation 17 (1) (2) (a) (d) and (e).