

Spectrum (Devon and Cornwall Autistic Community Trust)

Rosemerryn

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



Overall summary

We inspected Rosemerryn on 26 September 2015, the inspection was unannounced. The service was last inspected in January 2014. We did not identify any concerns at that time. Rosemerryn provides care and accommodation for up to three people who have autistic spectrum disorders. At the time of the inspection two people were living at the service.

Rosemerryn has a registered manager in place. 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.

We received anonymous concerns in respect of staffing levels across the organisation. During this inspection we reviewed staffing rotas and found that there were times when the staffing levels did not meet the assessed needs of people that lived there. On the day of our visit the service was understaffed. Despite staff requesting additional staffing from the on call managers, they were

Summary of findings

not able to allocate further staff to the service as there were other staffing shortfalls within the organisation. This meant that people were not able to attend their planned activities and therefore had an impact on their choices. Staff and on call managers told us that this occurred regularly and the impact was that people were not able to attend planned activities and that staff chose to work more shifts than they were rostered for. In addition it also affected staff training as they had been requested not to attend training as they were needed to cover shifts at the service.

We also received concerns that staff felt there was a lack of support and felt undervalued by senior managers. At the inspection staff told us they felt supported by the deputy and registered manager at Rosemerryn but not by senior managers who were based at Spectrum headquarters. Staff felt unable to raise concerns within the organisation. We have made a recommendation about supporting staff to raise concerns in the report

Managers had not undertaken a staff survey of how people felt about working for Rosemerryn or for the organisation. Staff told us they believed the organisation did not want to hear their views and this was why they had not been sought. Therefore Spectrum did not have an understanding of how staff saw the service, for example what it did well or any areas where staff felt improvements could be made. We have made a recommendation about gathering the views of people, visitors, staff and stakeholders in the report.

People were happy and relaxed on the day of the inspection. We saw people moving around the service as they wished, interacting with staff and smiling and also heard lots of laughter. Staff were attentive and available and did not prevent people from going where they wished within the service. Staff encouraged people to engage in meaningful activity and spoke with them in a friendly and respectful manner. Staff were knowledgeable about the people they supported and spoke of them with affection.

The staff team were supportive of each other and worked together to support people. Staff showed respect and pride when they talked about the people they supported. Staff identified with people's future goals and aspirations and worked with the person to achieve them. They recognised the person's achievements and wanted to continue to support the person to become as independent as possible.

Care records were detailed and contained specific information to guide staff who were supporting people. One page profiles about each person were developed in a format which was more meaningful for people. This meant staff were able to use them as communication tools.

Incidents and accidents were recorded. These records were reviewed regularly by all significant parties in order that trends were recognised so that identified risks could be addressed with the aim of minimising them in the future.

Risk assessments were in place for day to day events such as using a vehicle and one off activities. Where activities were done regularly risk assessments were included in people's care documentation. People had access to a range of activities. These were arranged according to people's individual interests and preferences.

The service adhered to the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

Staff were supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Rosemerryn was sometimes short staffed. This meant that people did not have the appropriate staff support at all times.

Staff were confident they could keep people safe whilst supporting them to take day to day risks.

Staff had received safeguarding training and were confident about reporting any concerns.

Requires improvement



Is the service effective?

The service was effective. Staff were well supported through a system of regular training. This meant people were cared for by staff with up to date information and knowledge.

The service met the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected

People were supported to access a range of health services as necessary which meant their day to day health needs were met.

Good



Is the service caring?

The service was caring. Staff spoke about people fondly and demonstrated a good knowledge of people's needs.

People's privacy and dignity was respected.

Staff worked to help ensure people's preferred method of communication was identified and respected.

Good



Is the service responsive?

The service was responsive. Care plans were detailed and informative and regularly updated

People had access to a range of meaningful activities.

There was a satisfactory complaints procedure in place.

Good



Is the service well-led?

The service was not well-led. Spectrum did not seek out staff views to gain their experience of working within the organisation and to review how the service could improve.

People did not feel able to share their concerns with the organisation

All new employees undertook Values Training as part of their induction.

Requires improvement



Rosemerryn

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.

Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

This inspection took place on 26 September 2015 and was unannounced. The inspection was carried out by one inspector at the service. We met with the deputy manager and three care staff. Due to people's communication needs we were unable to gain their verbal views on the service and therefore observed staff interactions with two people who lived there.

We looked around the premises and observed how staff interacted with people throughout the day. We also looked at two people's care records, staff training records and other records associated with the management of the service including quality audits.

Is the service safe?

Our findings

On the day of the inspection there were insufficient staff on duty to support people within the service which meant that people were unable to go out on their planned individual activities or engage in daily chores and routines. Commissioners had assessed each person at the service to ensure the correct staffing levels were identified and which were necessary to meet the person's individual's needs. Staff rotas showed there should be four people on shift in order to meet commissioned assessments. Two carers were on duty and two carers had phoned in sick. A bank staff member came to assist. They had been requested to go to another Spectrum service but on arrival were told they were not on the rota. As they were aware that Rosemerryn was short staffed they went on their own initiative to support them. Spectrum has an on call system. They have two staff members who are the 'first on call managers'. They are the first people contacted if there are issues within the service which includes when services are below allocated staffing levels. There is then a 'second on call' manager who is a more senior manager for Spectrum, who is also there to provide support. Care staff requested further staff support to the 'first on call managers' as they were below commissioned staffing levels at 8.15 am. The first on call managers tried to gain staff cover and phoned the service on three occasions to update them on their progress in trying to identify a staff member to assist them.

We spoke with the 'first on call manager' at 11.10am who stated that they were unable to allocate anyone to the service as they were short staffed within the organisation. There were two 'first on call managers' on duty but they were both needed to cover shifts in other Spectrum services due to staff shortages in those services. We talked with two managers who had worked on the on call system, they commented that "stress levels are high", "Staff isn't right across the board" and "It is so hard to prioritise which service you support it is so stressful, this happens all the time."

Staff had contacted the on call manager from the duty roster. However it transpired that the on call manager had changed and this message had not been transferred onto the service rota. The deputy manager came in for part of the inspection from her annual leave and explained there

were regular changes to the on call rota. This meant staff were not aware of the correct manager to contact which could have impacted on their ability to access support appropriately.

We spoke with the 'second on call manager' who commented that they would come in to see the inspector if we wished. We told them they did not need to come in to be with us but the service was short staffed. The second on call manager informed us "Unless it's a crisis I don't come in." The impact of this was that the people who lived at the service were not able to undertake their planned activities for the day in the community as there were insufficient staff to support them.

The deputy manager told us there was one vacancy for a care worker and there had been problems covering shifts. We looked at the staff rota and the signing in book. We picked eight dates in September and identified the service was short staffed on all of these occasions. Staff told us they came in to cover extra shifts and one staff member regularly worked a 60 hour week to cover the shifts. We were given examples of when staff had chosen to come in on their days off to ensure that people could attend their activities, for example so that a person could visit their relative at home, as otherwise this would not have occurred. The deputy manager told us: "We have a good staff team here and they will try to cover as many shifts as they can." Care staff told us "The guys are our priority we want to make sure that they are cared for and supported well, we will come in whenever we can."

Staff told us training had been cancelled so that they could cover shifts at the service. Staff needed to attend specialist medication training so that they could administer rescue medication to the people that lived there. We were told that a staff member had been called half way through their specialist medication training to return to the service as they only had two staff at the service. Another staff member had to postpone their training as they were needed to cover the service. This meant there was an impact on staff being able to update their knowledge and skills to meet people's needs. Staff told us relatives were not satisfied with staffing levels as it had impacted on people's choices as activities had been cancelled.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

Some people could become anxious or distressed which could lead to them presenting behaviour which could challenge others. Care plans clearly outlined the process for staff to follow in this situation. For example; '(person) likes to have their back rubbed and head massaged, this can help when I am feeling low.' Staff were made aware how to recognise signs that could make a person anxious and take steps to avoid them becoming distressed. One care plan stated that a trigger for making a person anxious was if their routines and activities were changed. As staffing levels were not being consistently adhered to the person was not always being supported in a way which reduced their anxieties.

Behavioural review sheets were completed following any incident. These were analysed on a monthly basis in order to highlight any trends. All members of the staff team had received training in Positive Behaviour Management (PBM) in order to help ensure they were able to support people effectively when they became distressed.

Due to people's health needs we were not able to verbally seek people's views on the care and support they received. We observed people were relaxed and at ease in each other's company. When people needed support they turned to staff for assistance without hesitation. The service had a safeguarding policy and records showed all staff were up to date with their safeguarding training. Staff were confident they knew how to recognise signs of abuse, they told us they would report any suspected abuse and felt assured these would be taken seriously by the registered and deputy manager. Staff knew who to contact externally if they felt any concerns were not being acted on.

Staff supported people to take day to day risks whilst keeping them safe. For example people were involved in preparing snacks and drinks. This was achieved by supporting people hand over hand when necessary. Care plans were well laid out and regularly updated to reflect people's changing needs. They contained risk assessments which were specific to the needs of the individual. For example we saw assessments had been completed regarding one person's activities.

People living at Rosemerryn had a risk assessment completed about how they would respond to a fire alarm and what support they would need to ensure they left the building safely. Risk assessments were regularly reviewed

and offered clear guidance for care staff on how to minimise identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

The deputy manager told us they had not recruited new staff to the organisation since the last inspection. However some staff had transferred to the service from within the organisation recently. We were reassured that recruitment processes were robust; and all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring checks were completed and references were followed up.

There were appropriate storage facilities available for all medicines including those that required stricter controls. Medicines Administration Records (MAR) were completed appropriately. We checked the number of medicines in stock for one person against the number recorded on the MAR and saw these tallied. Medicines carried over from one month to the next had not been recorded in this cycle, but had been in previous months. The deputy manager said this would be addressed immediately.

Records showed the manager had liaised with the epilepsy specialist nurses and doctor to ensure a review of people's medicines had occurred. In discussion with staff we found them to be knowledgeable about the medicine that needed to be administered... There was clear guidance for staff when administering 'as required' medicines' (PRN). For example we saw descriptions of the signs and symptoms the person may display that may require these medicines to be administered. There was guidance on how to administer the medicines, and who to inform. This meant there was clear guidance to help ensure a consistent approach from the staff team.

Staff told us they held money for people at the service. People's money was kept safely. Records for each individual person were kept detailing money received and spent along with receipts. These records were audited regularly by the service accountant. We reviewed a person's accounts and found all transactions and money held tallied. Policies were in place where a person held their own bank account and how staff were to support them to access their monies.

Is the service safe?

There were appropriate fire safety records and maintenance certificates for the premises and equipment in place. There was a system of health and safety risk assessment of the environment, which was annually reviewed.

Is the service effective?

Our findings

People were supported by skilled staff with a good understanding of their needs. The deputy manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds. People had allocated key workers who worked closely with them to help ensure they received consistent care and support.

New staff to Rosemerryn were required to undertake an induction process consisting of a mix of training and shadowing and observing more experienced staff. We spoke to a member of staff who had recently transferred from another Spectrum service to Rosemerryn. They were complimentary about the in-house induction process. Following an independent consultation regarding the training that Spectrum provided, some recommendations had been adopted. One was to ensure that the induction clearly defined the skills staff were expected to achieve. From this they had introduced more in-depth autism and positive behaviour management training as part of the induction process. In addition the induction process had been updated to include the new Care Certificate.

Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and food hygiene. Further training in areas specific to the needs of the people using the service was provided. For example training in epilepsy and rescue medication. The deputy manager was aware which staff needed training updates and acknowledged, as referred to in the safe section of this report, that training had been postponed due to the staffing levels of the service. This had impacted on staff updating their skills and knowledge.

On the day of inspection we were not able to access staff files as the registered manager was not on duty. However staff told us they attended regular meetings (called supervision) with their manager where they discussed how they provided support to help ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. The manager also held annual appraisals to review their work performance over the year. Supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals

using the service and ideas for progressing the individual development of people using the service. Staff told us supervisions were useful for their personal development as well as helping ensure they were up to date with current working practices. This showed staff had the support they required to help ensure they were able to meet people's needs.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Staff had an understanding of the Deprivation of Liberties Safeguards (DoLS), which provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. Mental capacity assessments and best interest meetings had taken place and were recorded as required. These had included external healthcare representatives and family members to help ensure the person's views were represented. DoLS authorisations were in place for two people and the conditions were being adhered to. Appropriate applications to the local authority for further authorisations had been made and were in the process of being formally reviewed. Staff had discussed MCA and DoLS in their most recent team meeting.

Each person was supported to plan the menu for the week and people went to the shops to purchase their food with staff support. There were pictorial prompts to aid people to pick meals. Staff prepared and cooked the main meal, and people were encouraged to make snacks and drinks with staff support as necessary. Staff said people had access to good quality food and there was plenty of choice. Staff told us people's preferences in respect of food were recorded in care plans and staff knew these well. People had a roast meal and a take away meal each week. A person showed us a picture of a curry, as they had a take away the evening before and they enjoyed it. This meant that people were provided with a choice of foods and supported to maintain a healthy diet.

People's care records contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. Records showed

Is the service effective?

people were supported to see their GP and dentist regularly. The deputy manager and staff told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant that the person received consistent care from all the health and social care professionals involved in their care.

Relatives were made aware of their family member's health appointments and we saw that relatives attended appointments with the person and staff. This showed that relatives were kept up to date with any changes to the person's health so that their views could be considered.

Is the service caring?

Our findings

We saw a recent survey for a relative which asked 'What are the most impressive aspects of the home?' the relative replied 'Staff in particular (staff names) who have worked with my son for many years.'

People appeared relaxed in staff presence and they approached staff for any assistance when needed. We saw people undertake domestic tasks in the service with support from staff. We also saw staff provide appropriate explanation as to why they could not attend their planned activity and gave the person a choice as to what they wanted to do in its place. One person chose to watch a favourite film.

Staff spoke with people kindly and made sure people were comfortable and occupied. Staff were respectful and spoke to people with consideration. They were unrushed and caring in their attitude towards people. We saw relationships between people were relaxed and friendly and there were easy conversations and lots of shared laughter.

Staff in their discussions with us showed they cared for the people they supported. Staff comments included "We are committed to the guys" and "We want them to have the best possible life." Staff voluntarily came in to work if they were aware that they were short staffed to ensure people could attend activities that were important to them. Staff said "We do this job not for Spectrum but for the guys."

Staff told us how they maintained people's privacy and dignity generally and when assisting people with personal care. For example one person had health risks whilst undertaking personal care without staff monitoring. The person wished to have more privacy. This was discussed within the best interest process to plan how staff could support the person safely in the least restrictive and obtrusive way. From this a plan was agreed in how staff could support the person and we saw staff responding in the manner agreed at the meeting. This promoted and respected the persons wish to have more privacy in a safe way. Staff told us they felt it was important people were supported to retain their independence. As we were shown around the home staff introduced us to people and asked if they would like to speak with us.

Care plans showed that people's preferred communication skills were identified and respected. A range of tools were used to support people such as pictures, choice boards and symbol. Symbol strips are visual tools which use a limited amount of photographs or pictures to help people understand what activities or events are going to take place over a specific time. One care plan stated symbol strips should be used throughout the day outlining morning, daytime and evening routines. Both people also used objects of reference to indicate choice. Staff were aware that each person had their own way of expressing their views and were able to communicate with them in their preferred manner. This showed that the service shared information and communicated with people in a meaningful way.

Care plans contained further detailed information in relation to people's communication. There was information regarding what might indicate when someone was distressed and how to support them and recognise any triggers. For example a person would wring their hands to tell staff they were becoming anxious so that staff could then provide reassurance and distraction to reduce the person's anxiety.

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information. This enabled staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. In addition, along with the person, staff had summarised what was important to them by compiling a one page profile which outlined their likes and dislikes, preferences, what others liked about them and what was important to and for them. People had dedicated key workers who were responsible for updating care plans and leading on supporting people. These were chosen according to their experience and relationship with the person concerned.

People were smartly dressed and looked physically well cared for. People had specified in their care plan they wished to be involved in choosing their clothes. This showed staff took time to assist people with personal care and respected people's individual preferences

Is the service responsive?

Our findings

People were consulted about the support they received. We heard staff ask people what they wanted to do and how they wished to spend their day. In discussion with staff and the deputy manager we heard how the service endeavoured to help people maintain relationships with family and friends. Staff arranged for people to see their families and supported them to meet up if necessary.

Care records contained detailed information about people's health and social care needs. These were individualised and relevant to the person. Records gave clear guidance to staff on how best to support people, for example a person's daily routine was broken down and clearly described so staff were able to support people to complete their routine in the way that they wanted. Staff felt the care plans were informative and provided clear guidance in how to support people.

Care plans were up dated and reviewed on regular basis to ensure they reflected people's changing needs. People were involved in reviewing their care along with other interested parties. We saw that they also talked about what they had done well and what future goals they would like to achieve. Each person had created, with staff a 'What I want to achieve' document. From this the person identified their aims goals and wishes. We noted that people had achieved their goals, for example going on a holiday, going on a train ride and trying a new activity. Staff told us how proud they were when a person undertook a new activity by attending an aerial course which then enabled them to go on a zip wire. This showed that staff listened to the persons wishes and worked with the person to achieve this.

In addition to care plans each person living at the service had daily records which were used to record what they had been doing and any observations regarding their physical or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty.

Care files also identified people's likes/dislikes and interests which the home then attempted to accommodate. We saw that people were able to take part in a range of activities which suited their individual needs. On the day of the inspection all of the people who lived at the service were not able to attend their community activities due to staffing levels. However staff consulted with people about what they could do in the service and replanned their day with them.

People were supported to take part in a wide range of meaningful activities both in and out of the service. Within the service people could socialise in the communal areas, in the garden or their room. Activities such as preparing foods and snacks and domestic tasks with staff support, or watching chosen DVD's occurred during this inspection. Where people had a particular interest, such as attending as a volunteer at the food bank this was supported. Feedback from the food bank as to how they valued the persons support was seen. This showed that people were actively encouraged to participate in community projects. They were protected from the risk of social isolation because the service supported them to have a presence in the local community and access local amenities.

The organisation had a complaints procedure which provided information on how to make a complaint. An easy read version was also available for people which used written and pictorial symbols so that it was presented in a more meaningful way. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished. We reviewed the complaints book and saw that no complaints had been made in the last year.

Staff told us how some people living at Rosemerryn would be unlikely to complain or speak up if they were unhappy or worried about anything. They described to us how they would know, by observing their behaviour whether there was something wrong and how they would support the person to share their worries.

Is the service well-led?

Our findings

We had received anonymous concerns in respect of the wider organisation claiming staff were dissatisfied with various issues such as staffing levels, lack of staff support, feeling undervalued and not appreciated by senior managers. Staff at Rosemerryn told us they felt supported by their registered and deputy manager at Rosemerryn but not with senior managers who were based at Spectrum headquarters. One member of staff said the registered manager had recently thanked her for her work and this “Was the first time I’ve ever felt appreciated by them.” Staff commented they did not feel valued or appreciated by Spectrum headquarters and that their “Goodwill has gone.”

Staff said they felt senior managers did not appreciate the work they did and there was a lack of effective communication. For example staff had contacted Spectrum management in July 2015 to alert them that they needed to contact the bank to confirm who would be signatory for a person they supported with their bank account. The bank manager stated they could not withdraw the person’s funds until this was completed. Staff e-mailed the senior management and head of finance this information. At the time of the inspection they had not received an acknowledgement or response.

Spectrum managers had not undertaken a staff survey of how people felt about working for Rosemerryn or for the organisation. Therefore Spectrum did not have an understanding of how staff saw the service, for example what it did well or any areas where staff felt improvements could be made. Staff were pleased with the newsletter that had just been implemented. However they also shared their frustration with us as the newsletter spoke positively about opening two new services. Staff response to this was “They can’t staff the services they’ve got, this will put more pressure on us.” Staff said senior managers had never been sought their views and commented “It’s right we don’t have a staff survey that’s because they don’t want to hear what we have to say.”

Following the inspection the registered manager informed us that Spectrum are reinvigorating the current works council and restarting this as an Employee’s Information and Consultancy Committee. This would enable staff to have more of a voice on matters that affect them and their employment conditions.

We had received various anonymous concerns about the organisation and, in respect of Rosemerryn, this was in relation to staffing levels. We are concerned that the culture of the organisation has resulted in a number of employees contacting us with similar grievances over a period of time. We found that there was not an open culture within the service and organisation which allowed staff to feel supported to raise concerns.. This indicates the management team were failing to respond to staff concerns in a pro-active fashion.

During induction new employees were required to undertake ‘Values training’. This introduced staff to organisational values contained in their policy which included giving people ‘the same opportunities for community living and development as anyone else in society.’ All staff who had been with the organisation for some time also received this training as it had not always been part of the induction programme.

There was a clear ethos at Rosemerryn which emphasised the importance of supporting people to develop and maintain their independence. It was important to all the staff and management at the home that people who lived there were supported to be as independent as possible and live their life as they chose. This was reflected in the care documentation.

The deputy manager told us they had supervision. They also provided supervision to the staff team along with the registered manager. The registered manager oversaw three services and therefore divided their time between them. This meant that the deputy manager had accountability for some management tasks, such as supervision of staff. The deputy manager did not have any hours to undertake management tasks (called supernumerary time) to do this. They told us it was sometimes necessary to complete these tasks outside of their working hours. For them to be able to fulfil their management duties supernumerary time would be beneficial.

There was an effective quality assurance system in place at Rosemerryn to drive continuous improvement within the service. Some of the audits included medicines, accidents and incidents, refrigeration temperatures for both food and medicines fridges, and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly.

Is the service well-led?

We recommend that the registered person seek advice and guidance from a reputable source, about gathering views of stakeholders, including staff, and acting on those views where appropriate.

We recommend that the registered persons identify systems to ensure staff are able to report any concerns without fear they will be treated unfairly.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of suitably qualified competent skilled and experienced persons must be deployed in order to meet people's needs.