

## Embrace Lifestyles (FL) Limited

# Rectory House

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 26 and 27 April 2016. Our inspection was unannounced.

Rectory House provides personal care and accommodation for up to 14 people who have physical disabilities and learning disabilities. All of the people living in the home were male. People had sensory impairments, epilepsy, limited mobility and difficulties communicating. Some people were on the autistic spectrum. One person was living with dementia. On the day of our inspection there were 14 people living at the home.

The home had a registered manager. 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 positive feedback from people, relatives and staff about all aspects of the service.

Records were not always complete, accurate or stored securely. People's information was not always treated confidentially because personal records had not been stored securely.

Staff knew and understood how to safeguard people from abuse, they had attended training, and there were effective procedures in place to keep people safe from abuse and mistreatment.

Risks to people had been identified. Systems had been put in place to enable people to carry out activities safely with support.

The premises and gardens were well maintained and suitable for people's needs. The home was clean, tidy and free from offensive odours. The home was not suitably decorated to meet everyone's needs, we made a recommendation about this.

Medicines were appropriately managed to ensure that people received their medicines as prescribed. Records were clear and the administration and management of medicines was properly documented.

Staff and people received additional support and guidance from the behaviour support manager when there had been incidents of heightened anxiety. Staff received regular support and supervision from the management team.

There were suitable numbers of staff on shift to meet people's needs. The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Where people were subject to a DoLS, the registered manager had made appropriate applications.

People had access to drinks and nutritious food that met their needs and they were given choice.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner and took appropriate action.

Relatives told us that staff were kind, caring and communicated well with them. Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect.

Relatives told us that they were able to visit their family members at any reasonable time, they were always made to feel welcome and there was always a nice atmosphere within the home.

People's view and experiences were sought during meetings. Relatives were also encouraged to feedback by completing questionnaires.

People were encouraged to take part in activities that they enjoyed, this included activities in the home and in the local community. People were supported to be as independent as possible.

The complaints procedure was on display within the foyer of the home and this was also available in an easy read format to support people's communication needs.

Relatives and staff told us that the home was well run. Staff were positive about the support they received from the senior managers within the organisation. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift were documented, they were detailed and thorough.

The provider and registered manager had notified CQC about important events such as serious injuries, deaths and Deprivation of Liberty Safeguards (DoLS) these had been submitted to CQC in a timely manner.

Audit systems were in place to ensure that care and support met people's needs and that the home was suitable for people. Actions arising from audits had been dealt with quickly.

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

Good ●

The service was safe.

Staff had a good knowledge and understanding on how to keep people safe from abuse.

The home and grounds had been appropriately maintained. Repairs were made in a timely manner.

There were sufficient staff on duty to ensure that people received the care and support when they needed it. There were safe recruitment procedures in place to ensure that staff working with people were suitable for their roles.

Risk assessments were clear and up to date so staff had clear guidance in order to meet people's needs.

Medicines had been appropriately managed, recorded and stored.

### Is the service effective?

Good ●

The service was effective.

Staff had received training and supervision relevant to their roles. Staff felt they received good support from the management team.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had choices of food at each meal time which met their likes, needs and expectations.

People received medical assistance from healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and patient in their approach or

supported people in a calm and relaxed manner. People were treated with dignity and respect.

People and their relatives had been involved in planning their own care.

Relatives were able to visit their family members at any reasonable time and were always made to feel welcome.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans had been reviewed and updated regularly to reflect changes in people's needs.

People and their relatives had been asked for their views. Relatives told us that they were kept well informed by the home.

The complaints policy was prominently displayed in the home.

People were encouraged to participate in meaningful activities, which were person centred and included community trips.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Records were not always well maintained, accurate and stored securely.

The service had a clear set of values and these were being put into practice by the staff and management team.

The registered manager and provider carried out regular checks on the quality of the service.

# Rectory House

## **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 26 and 27 April 2016 and was unannounced.

The inspection team consisted of two inspectors.

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

We spent time speaking with six people. Some people were not able to verbally express their experiences of living in the home. We observed staff interactions with people and observed care and support in communal areas. We spoke with four relatives and seven staff including the registered manager.

We requested feedback from the local authorities commissioning team and local authority care managers.

We looked at records held by the provider and care records held in the home. These included five people's care records, risk assessments, four weeks of staff rotas, training records, four staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys and other management records.

We asked the provider to send additional information after the inspection visit, including a policy and interview records for one staff member. The information we requested was sent to us in a timely manner.

We last inspected the home on the 10 September 2014 and there were no concerns.

# Is the service safe?

## Our findings

People told us they were safe in the home. We observed there were plenty of staff working and people's needs were met. People told us, "I feel safe"; "I'm happy, I do like living here, I like seeing all the staff" and "I feel safe because the fire alarm will tell me there's a fire".

Relatives told us their family members were kept safe because there were plenty of staff. One relative said, "There seems to be a lot of people about. When I come people are often out, they're at cricket today or horse riding but there seems to be enough people here and enough staff to take people out". Another relative said, "There's always staff around, it's clean and tidy and they manage medicines fine". Another relative commented, "I think he's very safe there".

People were protected from abuse and mistreatment. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff had completed safeguarding adults training. Staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm. Staff had access to the whistleblowing policy and had confidence that if they had concerns these would be dealt with appropriately.

Support plans contained in depth risk assessments to keep people safe. These covered a variety of topics, including health care needs such as epilepsy or allergies, management of behaviours such as hitting people with a walking stick, being at risk of abuse, management of things around the house such as hot water or being in the kitchen and attending activities such as the cycling at a local cycling park and horse riding.

Staff recruitment files evidenced that the registered manager followed the provider's recruitment and selection policy. We looked at five staff files. Four of the five files contained a full employment history and all gaps were explained. One staff member's employment history was comprehensive up until 2008. We spoke with the registered manager about this and they explained that the staff member had been interviewed by someone else. They spoke with the staff member during the inspection and made a record of the gap in their employment. All five staff files showed that the provider had gained two references before staff were able to start employment. The provider had carried out Disclosure and Barring Service (DBS) checks prior to employment and there was evidence in all files of staff's identity and the right to work in the UK. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

We observed that there were suitable numbers of staff on shift to meet people's needs. The staffing rotas showed that there were plenty of staff on shift, which included staff to support people to access the local community.

The premises and gardens were well maintained, clean and smelled fresh. The premises were suitable for

people's needs. Bedrooms had been decorated and furnished to people's own tastes. Any repairs required were completed quickly. An automatic door closure device broke during the inspection and this was fixed on the same day. This work was completed before we left the premises. The fire extinguishers were maintained regularly and fire alarm tests were carried out regularly. Any repairs required were completed quickly; staff confirmed that these were done weekly.

We reviewed incident and accident reports from the previous year. Accident forms were detailed and included information about steps staff had taken to support the people who lived at the home. This included checking people over after a fall, gaining medical help. The registered manager had reviewed the incident and accident reports to establish if there were any patterns and preventative measures.

Medicines were securely stored in locked cabinets. Temperatures of all medicines storage was checked and recorded daily, and these records were up to date. We checked each person's medication administration record (MAR) against medicines stock. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. The records showed that people had received their medicines as prescribed.

Staff with responsibility for administering medicines were clear about their responsibilities and understood the home's medicines policy. Only staff who were trained to administer medicines carried out this task. Medicines storage areas were clean, well maintained and records were complete and accurate. There were clear protocols in place for staff to refer to which described how and when people would need emergency medicines and pain relief. This meant that medicines were well managed.



## Is the service effective?

### Our findings

People told us that they enjoyed the food. One person told us, "I like the food" and "different days, different meals I get to choose, today I had cornflakes (for breakfast)". Another person said, "I like curries, have it sometimes, I like to help in the kitchen". People told us they helped in the kitchen with preparing the meals. At each meal time, we observed staff engaging with people and supporting people to be as independent as possible when preparing their meals and drinks. Lots of praise and encouragement was given to people by staff to help them stay focused on the task of preparing and dishing up dinner.

Relatives told us their family member's health needs were well met. Comments included, "His physical needs are seen to, his medical problems are dealt with and he sees a doctor regularly" and "He's got a local GP and they ensure he goes to his appointments. Sometimes he refuses to go, but that's not their fault". One relative said, "I'm so impressed the way they've addressed [person's] illness and how he's (the registered manager) educated staff re dementia".

One person living with dementia was disorientated in the environment. The registered manager had made changes to the environment to meet this person's needs such as signs on the person's bedroom door and the nearest bathroom. We noted that other rooms such as the lounge, dining room and kitchen had not got signs on them. We observed this person appearing confused and looking for rooms during the inspection. Most of the doors within the home did not have signage to show people what was behind the door. The corridors were mostly painted cream, which meant that they all looked the same.

We recommend that the provider assesses and reviews the whole environment to ensure that it is suitable for all people living with dementia.

All staff had received training and guidance relevant to their roles. Training records evidenced that staff had attended the provider's mandatory training such as health and safety training, first aid food safety and moving and handling training. The provider had also listed 'required training' that staff should attend which included Autism training and nutrition and diet. The registered manager had attended additional training which was required for their role. Staff had good knowledge and understanding of their role and how to support people effectively.

Staff had a good understanding of managing behaviours that may challenge, staff had attended training to give them skills which enabled them to divert and distract people when they showed signs of becoming emotionally aroused this training and support enabled staff to do this without using restraint. The staff had access to positive behaviour support guidance through the registered manager should they need help and support to work with people. We observed that staff dealt with situations where people's behaviour had become heightened. Staff protected other people from harm and took time to help the person calm down, reflect on what had happened and why.

New staff had completed training and worked with experienced staff during their induction period. This enabled staff to get to know people and learn how to communicate with each person effectively. This meant

that new staff had adequate support and supervision to carry out their roles.

Staff had regular supervisions and an annual appraisal. These were documented in staff files with clear action points and timelines so people knew what needed to be done. Staff had regular opportunities to discuss service wide issues such as the need for everyone to help with the cleaning and laundry.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Most people at the service were assumed to have capacity so did not have a mental capacity assessment in their file. Staff evidenced that they had a good understanding of the MCA and DoLS.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some of the people were currently subject to a DoLS. One person had a DoLS authorisation in place. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People had access to nutritious food that met their needs. They had a choice of two different meals at dinner time and could ask for another option if they wished. People were supported to make cold and hot drinks when they wanted them. The kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. The home had a food hygiene rating of five which had been given by the local council when they last inspected. Food was appropriately stored; there was good stock rotation in place to ensure that older food was used before new food. Staff were aware of good food hygiene practices. Weights were regularly monitored to identify any weight gain or loss that could have indicated a health concern.

Staff held regular residents meetings where people were asked what they wanted to eat. Records showed at one meeting people had said they wanted to eat, cherry pie, arctic roll, liver and bacon and pizza. At the next meeting people said they had got to eat all of those things.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Support plans contained detailed information about the support people needed to maintain both their physical and mental health. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. A relative told us their family member had lost weight, staff "Did pick up on it and take him to the GP, they involved me in the appointment. I can't fault them". Staff made timely referrals if people's health was deteriorating.

People had a health action plan in place. This outlined specific health needs and how they should be managed. One person regularly went to the GP for blood tests due to the medicines they were taking. Another person regularly saw a psychiatrist to support them due to their mental health needs. Records evidenced that staff had contacted the epilepsy nurses, district nurses, consultants, GP, community learning disability nurses, social services, community psychiatric nurses, the hospice and relatives when necessary. Records also evidenced that people received treatment regularly from the chiropodist, dentist and had regular opticians appointments. People received effective, timely and responsive medical treatment when

their health needs changed.

## Is the service caring?

### Our findings

People told us that staff were friendly, kind and caring. We observed positive interaction between staff and people. One person told us, "Best thing about living here is the staff". People showed us their bedrooms; these had been decorated to their own tastes. One person said, "My room is nice". People told us they had help to do things that they couldn't do. One person said, "Staff help me with medicines and doing (washing) my back and armpits, I do the rest".

We observed that there was plenty of chat, laughter and light hearted banter between people living in the home and staff during our inspection. The atmosphere was friendly and calm. People were able to come and go from the home as they wished. Some people chose to spend time in the large gardens.

Relatives told us that staff were caring. Comments included, "[Person] seems very happy, all the staff are lovely to him, it makes life easier for me knowing that he's happy. Also they are really helpful dropping off to me and picking him up"; "They were absolutely brilliant when my Mum died. They bought him to the funeral, he couldn't have gone without them. He had a hard time, one grandparent died, then another, and he moved in here and he was very well supported"; "Staff are kind and caring, they've addressed issues when we have had them"; "He calls Rectory House home" and "Staff are fond of [person] they are kind and caring". One relative told us their family member was more relaxed and felt this was due to the fact that they had their emotional needs met by staff. The relative explained that their family member enjoyed hugs. They said, "I don't need to worry about [person] I couldn't ask for better care, the staff know him really well".

People were supported by staff who understood their needs and how they communicated. Information about likes, dislikes and preferences were outlined in support plans and communication passports. We saw that when staff interacted with the people they asked them about things that they liked to do and this was consistent with what was in their communication passports. Pictures and symbols were used in the home to help people communicate. Staff knew people well and were able to adapt their communication to meet their needs.

Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities such as sorting washing, making drinks, preparing food, cleaning and having a conversation about what they had done that day and at the weekend.

People and their relatives had been involved with planning their own care. There was evidence of this within care plans, through photographs. Where people had made decisions about their lives these had been respected. Support plans evidenced that people were supported to be as independent as possible. For example, one support plan detailed how the person may refuse lunch on occasions if it required them to make it themselves. Guidance showed that reassuring the person that it was ok to miss lunch and reminding them that dinner will not be for several hours normally motivated them to make their own lunch". We observed staff following this person's support plan in practice and supporting the person to be independent.

People had access to advocates when they needed to. Advocacy leaflets were on display in the home. One person had been supported by an advocate when making an important decision about their health. This meant they had received independent support to make their own decisions.

Staff treated people with dignity and respect. Privacy was observed. For example, staff knocked on people's door before entering. Staff explained how they waited for a response after knocking on people's doors rather than walking in and said they ensured doors were closed when they were supporting people with their personal care needs and medicines. Staff explained how they chatted with people whilst supporting with personal care tasks and they all detailed how they encouraged people to be independent.

Thoughtful support plans were in place which respected people's dignity and wishes. For example, one person had experienced hallucinations and believed that a Hollywood star had taken their favourite DVD. The support plan guided staff to respect the person's views and wishes. Rather than telling the person that this hadn't happened (which could cause upset and distress) the staff were guided to ask the Hollywood star for the DVD back and then hand it to the person. This had resolved the situation and reinforced the friendship and rapport between the person and staff.

Relatives told us that they were able to visit their family members at any reasonable time, they were always made to feel welcome and there was always a nice atmosphere. One relative said, "I am able to come whenever I want".

## Is the service responsive?

### Our findings

People told us they liked the activities. They also knew how to talk to if they were unhappy or wanted to complain. Comments included, "I did cricket today"; "It's good here, I do football, Tai chi, yoga, Wii in my room and swimming"; "I can talk to [registered manager] or mum if unhappy and wanted to complain"; "I would talk to staff"; "I choose what to do, get the bus to Maidstone, go to the shops buys things. I'm not keen on the garden"; "They take me out to day trips like the pub for dinner" and "If worried would talk to staff and see mum and dad".

Relatives told us they were involved in planning and reviewing their family members care. Relatives told us there was a range of activities available to keep people occupied when they wanted to be. All relatives we spoke with knew who to speak to if they wanted to provide feedback or complain about the service. Comments included, "I am invited to the yearly review"; "The move was very well done. [Person] was very involved, we were very involved"; "If I had any issues I'd speak to the person involved or [registered manager]"; "If there are any issues, staff get in contact with me"; "I could go to any of the staff team including [registered manager] if I had concerns"; "There's a lot going on, [person] chooses not to do things and staff encourage him to do them"; "I don't have any problems. They are good at buying clothes that fit and look good" and "[Person] is nervous and worried so they have lots of problems persuading him to go out. They go to the local Gateway Club and the pub. Anything with food and he is there! He loves a BBQ in the summer and there's a lovely garden here so they do that a lot. There's a lovely TV room, so it's not like I worry about him being bored"

People took part in a variety of activities such as; trampolining, swimming, cricket, horse riding, gateway club, pub trips, work experience, five a side football and attending boot fairs and local markets. One person had low moods and staff had identified that keeping them busy could help them with this. Their support plan stated that staff should suggest they worked in the garden or helped clean the service cars to keep them busy. Activity files showed that this happened on a regular basis. We observed staff providing gentle prompts and encouragement to one person who was due to go out on their favourite activity.

The registered manager had completed assessments before people moved into the service. These contained detailed information on what a person liked to do, what their morning routine was like and what activities were important to that person. People had been involved in these assessments. A person's ability and confidence level were assessed for specific tasks such as preparing meals and confidence levels. People's support plans contained lots of detail about their skills and abilities but did not always include the assessment's rating.

People were involved in regularly reviewing their support plans with their keyworker. Key workers completed a monthly report for each person they worked with. The reports included a summary of the person's health, appointments that had taken place, their weight and details of any changes.

The service was responsive to people's needs. The registered manager had carried out in depth analysis of incidents when people became upset or distressed or displayed behaviours that others may find

challenging. When one person became physically aggressive it was identified that this is because they were anxious about a home visit from their psychologist. The registered manager then asked the psychologist not to visit the person at home anymore and their support plan was amended. We observed the registered manager talking with a person following a period of heightened anxiety. The person told us that the registered manager "Helped me yesterday when I got angry" they went on to say the registered manager "Helped me to calm down".

The provider had a complaints policy in place. The registered manager had responded fully to complaints in line with the policy. The registered manager had investigated all complaints and documented their findings and areas for improvement. One relative had told the registered manager that someone had been upset as they had overheard staff talking outside their window and thought it had been about them. The registered manager treated this as a complaint and their investigation showed that staff had not been talking about anyone living at the service. In the next team meeting staff were reminded that people could overhear their conversations if they were outside. The complaints policy was in an easy read format so everyone could understand it. Each person had their own copy of the policy. One relative explained how they had raised a small issue which had been listened to and acted on.

People were asked to fill in an easy read questionnaire to share their experiences of living at the home. Six people had responded and they had all said they were happy living at Rectory House. Staff held regular 'residents meetings' which gave people the opportunity to give their opinions on the service. One person said they wanted to buy new clothes, at the next meeting they said that they had bought a new watch and new clothes.

We viewed the '2015 residents' survey results' which had been carried out and produced through a market research company. It showed that eight people had responded to the survey. All of the feedback was positive.

The registered manager had sought to gain feedback from a variety of professionals involved in the service. Quality assurance questionnaires had been completed by a community learning disability nurse, GP and dementia nurse specialist, all of which were positive, rating the service as 'good' or 'very good' in all aspects of care. Relatives told us they had been asked for feedback about the service through questionnaires too. One relative said, "I've had surveys, I had one recently" and "I'm really, really happy". Another relative said, "I have to say, it's the nicest it's ever been" and "I like it, I know my brother does".

## Is the service well-led?

### Our findings

People knew who the registered manager was and were happy with how the home ran. Comments included, "He's [the registered manager] nice he talks to me"; "Manager is [name] good, comes in every day and talks" and "[name] is manager, I like him, we get on well, he's the boss".

Relatives told us they felt the service was well led and they had faith in the abilities of the registered manager. Comments included, "I think it's well run. There always seems to be a senior or a manager here, someone in charge, and they all seem to know what's going on"; "I think [registered manager] is brilliant, can't fault him"; "I've seen lots of change"; "It's [the service] has gone from strength to strength"; "I'm really impressed with the manager" and "I'm very happy, since [registered manager] has been there, he's turned it around. It did have problems in the past. Staff have had training, addressed poor practice. It's a good sign [person] doesn't want to come home now".

Records had not always been completed effectively. For example, one person had several monitoring forms in place to support them with managing their mental health. One of these forms documented the number of hours spent in their bedroom and mood swings, this had been completed regularly. However, a sleep chart was also in place to monitor how well they slept and staff had not completed this consistently. This meant that staff did not have an overview of all of the things which could affect the person's mental health so they were not able to support him effectively.

One person was living with dementia, staff had not been recording in the person's daily notes when the person was confused and disorientated, which meant that it was difficult to monitor when the person's health changed. This person's life plan had not been updated for some time, it contained information about the previous registered manager and risk assessments were in place relating to their previous bedroom. Another person had deteriorating health needs. Their food and fluid was supposed to be monitored. There were missing records for 23 April, 22 April and 18 April. This meant staff could not effectively monitor the person's food and fluid intake.

Staff had not consistently completed cleaning records and night check records. The cleaner had made complete records, however staff carrying out tasks when the cleaner was not at work had not recorded what tasks had been completed. The night check cleaning schedule had not been completed consistently.

People's support plans and activity files, both of which contained confidential information were left in the lounge where anyone could read them on the first day of our inspection. They were not stored securely. The registered manager explained that these files were normally stored in a locked room that was only accessible to staff. The files were moved there after we raised the issue. Another staff member told us the files had been there for a few days.

This was a breach of Regulation 17 (1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



Staff were positive about the support they received from the registered manager and other senior managers within the organisation. They felt they could raise concerns and they would be listened to. One member of staff said, "I'm very supported by both the manager and the organisation" they went on to explain that the regional manager visited the home regularly. They also said "[registered manager] is brilliant, if something has gone wrong, sit you down and talk about the best way to sort the problem". Another staff member said, "I have one to one with the manager monthly, very approachable, I can go to him whenever" and "It's a good company to work for, get good support from the manager and team leaders".

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. The home had a clear whistleblowing policy that detailed who staff should report concerns to should staff feel they need to blow the whistle on poor practice. The policy contained telephone numbers for staff. Effective procedures were in place to keep people safe from abuse and mistreatment.

Staff told us they felt valued and they understood the vision and values of the organisation. They felt there was an open culture at the home and they could ask for support when they needed it. The home had a statement of purpose that set out clear values for the organisation. This included the objectives that people should be given respect, privacy, dignity, choice and control over their lives and staff would encourage people to increase their independence. We observed that the staff had embedded these values in to their work.

Staff told us that communication between staff within the home was good and they were made aware of significant events. Handovers were documented and this included relevant information such as health conditions that needed to be monitored.

The registered manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, deaths, safeguarding concerns and Deprivation of Liberty Safeguards (DoLS), as these had been made in a timely manner. The registered manager explained that they had good support from their manager and the provider.

Policies and procedures were in place for staff to refer to. The policies and procedures were up to date and relevant. The office contained a number of reference books and guidance to help staff and the registered manager.

The quality assurance procedure set out key responsibilities of the provider, regional managers, finance, the registered manager and quality team and clarified the frequency of meetings and quality checks.

A number of audits were carried out by the management team in order to identify any potential hazards and ensure the safety of the people. This included weekly finance audits, fire safety records audits, infection control, medicines audits and health and safety audits. An external pharmacy had carried out a medicines audit on the 30 March 2016. Actions identified by the audit had been completed quickly such as labelling all medicines with an open on and expiry date. The regional manager carried out regular audits of the service. The audits showed that the registered manager had achieved the actions that had been identified. The provider had a quality team based at the head office which also carried out an annual quality visit, a quality inspection had taken place in 2016 and the registered manager had made changes to complaints documentation as a result of the audit.

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 did not take formal enforcement action at this stage. 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  Records were not complete, accurate or contemporaneous.  Regulation 17 (1)(2)(c)