Principle Care Limited

Principle House

Inspection report

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Walkford
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14 March 2018

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 13 March and was announced. The inspection continued 14 March 2018 and was again announced.

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

Principle House is detached property in Walkford. The home provides accommodation for up to six people with learning disabilities or autistic spectrum disorder and mental health needs. At the time of our inspection six people were living at the home.

The service had not had a registered manager in place since 30 September 2016. 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. A new manager was in post for and in the process of registering with us.

Systems were not in place to ensure the safety of the environment. Fire requirement works had not been completed. We shared our concerns with the local Fire Service. The property was in a poor state or repair and there was an offensive odour in the hallway.

Robust governance and quality monitoring systems were not being completed regularly, established or embedded within the service. This meant that some areas for improvement to keep people safe had not been identified, lessons were not always learnt and actions had not been put in place to address them.

Incident reporting systems were not always effective or investigated appropriately.

We had not received any notifications since the previous registered manager left in 2016. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. This was a breach of the services registration requirements.

Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding. Professionals, staff, people and relatives told us they had no concerns relating to abuse or safeguarding. Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained and assessed as competent to give medicines. There were sufficient numbers of safely recruited staff at the home.

People were supported by staff who understood the risks they faced and valued their right to live full lives. Risk assessments in relation to people's care and treatment were completed, regularly reviewed and up to

date.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about their lives. Each person had a care plan and associated files which included guidelines to make sure staff supported people in a way they preferred. Staff were able to access care plans and guidance.

Staff had a good knowledge of people's support needs and received regular local mandatory training as well as training in response to people's changing needs for example some people were diabetic and staff had been trained in this area.

Staff told us they received regular supervisions which were carried out by the management team. Staff told us that they found these useful. We reviewed records which confirmed this.

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. Assessments of capacity and best interest decisions were recorded and conditions set out in people's Depravation of Liberty Safeguards (DoLS) were met.

People and staff told us that the food was good. We reviewed the menu which showed that people were offered a variety of healthy meals. The staff told us that the majority of meals are home cooked.

People were supported to access healthcare appointments as and when required and staff followed professional's advice when supporting people with ongoing care needs. Records we reviewed showed that people had recently seen the GP, district nurses and a chiropodist.

People and relatives told us that staff were caring. We observed positive interactions between staff, managers and people. This showed us that people felt comfortable with the staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes and interests. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before moving into the service and support provided reflected needs identified in these. We saw that these were regularly reviewed by the service with people, families and health professionals when available.

People were encouraged to feedback. House meetings took place weekly which people said they enjoyed.

There was a system in place for recording complaints which captured the detail and evidenced steps taken to address them. The home manager told us that they had received no complaints since the last inspection.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them. Staff felt recognised and that team moral was good.

People, relatives, professionals and staff were positive about the home manager. The home manager encouraged an open working environment.

The service worked in partnership with other agencies.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach under Health and Social Care Act 2008 (Registration) Regulations 2009 .

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 always safe.

Safe systems were not in place to ensure the safety of the environment. Fire recommendation works had not been completed and there was an offensive odour in the hallway.

Processes were not in place to make sure that incident reports were reviewed and analysed or to ensure lessons were learnt when things went wrong.

There were sufficient staff available to meet people's assessed care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Medicines were managed safely, securely stored, correctly recorded and only administered by nurses and staff that were trained and competent to give medicines.

Is the service effective?

Good

The service was effective.

Staff worked within the principles of the MCA and conditions set out in peoples authorised DoLS were met.

People's needs and choices were assessed and effective systems were in place to deliver good care and treatment.

Staff received training and supervision to give them the skills they needed to carry out their roles.

People were supported to eat and drink enough and dietary needs were met.

The service worked within and across other healthcare services to deliver effective care.

People were able to access different areas of the home freely.

People were supported to access health care services and other professionals as and when required.

Is the service caring?

Good

The service was caring.

People were supported by staff that treated them with kindness, respect and compassion.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were actively supported and independence was promoted.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who used person centred approaches to deliver the care and support they required.

People were supported by staff that recognised and responded to their changing needs.

People were supported to access the community and take part in activities within the home.

A complaints procedure was in place. Relatives and people told us they felt able to raise concerns with staff and/or the management.

Resident meetings took place which provided an opportunity for people to feedback and be involved in changes.

Is the service well-led?

Requires Improvement

The service was not always well led.

There had not been a registered manager in post since 30

September 2016

Governance and quality monitoring systems were not being completed regularly, established or embedded within the service. This meant areas of improvement and actions required to keep people safe were not always identified.

The management had not notified us of events which affected the running of the service and the care people received.

People, professionals and staff told us the management team promoted inclusion and encouraged an open working environment.

Staff received feedback from the management and felt recognised for their work.

The home was led by a management team which was approachable and respected by the people, relatives and staff.

Principle 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 site visit took place on 13 March and was announced. We gave the service 24 hours' notice of the inspection visit because it was small and we needed to be sure that people would be in. The inspection continued on the 14 March 2018 and was again announced. The inspection was carried out by one inspector on day one and two inspectors on day two.

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

Before the inspection we reviewed all the information we held about the service. This included any notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted a local authority quality assurance team and two safeguarding teams to obtain their views about the service.

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.

We spoke with five people who used the service, one relative and met with five staff. We had telephone conversations with a quality improvement officer, three health professionals and two social workers.

We spoke with the home manager, area manager and nominated individual. We reviewed four people's care files, policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2017 resident and relative's survey results. We observed staff interactions with people and a meal time.

We looked at four staff files, the recruitment process, complaints, training and supervision records.

We walked around the building observing the safety and suitability of the environment and observed care practice and interaction between care staff and people who live there.

We asked the nominated individual to send us information after the visit. This included policies and other records.

Requires Improvement

Is the service safe?

Our findings

Principle House was not a safe environment for people to live in. Safe systems were not in place to ensure the safety of the environment. A fire safety officer had visited in August 2017 and made requirements which included replacement of fire doors and emergency release mechanisms. These requirements had not been actioned which meant that people would not be safe in the event of a fire. We shared our concerns with the local Fire Service Following the inspection we were told that works had started to address the fire safety issues.

There was a lack of timely response to other maintenance issues for example; the premises and furnishings were in a poor state of repair, we found a hole in a wall in the hallway and another in the dining area. The front door bell was not working and we were told that it hadn't been for a number of months. There was an offensive odour in the home which we were told had been identified in October 2017 but the cause had not been found or remedied. . Floor edging in the hallway was coming away and a radiator in the living room had been removed but the pipes were left protruding out of the floor. The patio edging had become loose and bricks had broken. These were potential trip hazards for people. A staff member said, "The general maintenance of the home is pretty poor. Even simple things like the doorbell". Other staff referred to the service as the "forgotten home".

This was a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe systems were not in place to ensure that incident reports were reviewed and analysed or lessons were learnt when things went wrong. Incident reports had not been completed fully or signed off by the home manager. The home manager told us that some incidents were filed without them knowing. This meant that there was not an effective oversight of incidents to identify possible trends and ensure appropriate action was taken to reduce the risk of re-occurrence. We were told that this was because the previous electronic version was now not being used by the organisation and they had reverted back to paper copies. The nominated individual told us the policy would be reviewed and a system put in place as a matter of priority.

Staff told us they had no concerns relating to safe care and treatment and were able to tell us how they would recognise signs of abuse and who they would report these concerns to. These included contacts with the local authority and CQC. There was a safeguarding policy in place and staff had received safeguarding training. Health and social care professional comments included; "We have no live safeguardings or concerns at Principle House. I think they are proactive at these", "We have been informed of incidents and actions the service has taken in the past. There are no new or live concerns currently. They seem transparent" and "We have no safeguarding concerns and I feel confident that processes would be followed". A relative told us, "I have no concerns and believe (name) is receiving safe care here".

There were regular systems in place to ensure proper and safe use of medicines. Audits and stock checks were completed. Medicines were stored securely and keys were held by authorised staff. Medicines were only administered by trained staff who had been assessed as competent. People's medicines were signed as given and absent from the medicine packages indicating that they had been administered. We found that

records were legible and complete.

There were enough staff on duty to meet people's needs. The home manager told us that they regularly assessed people's needs to ensure there were sufficient numbers of staff to deliver safe care to the people living at Principle House. We found that one person's needs had recently changed and staffing levels had been assessed and an outcome was pending local authority review. A person said, "I think there are enough staff here. Always staff around, they work shifts". A relative told us, "There is always at least two staff here. [Name] is relaxed here which is the main thing". A staff member told us, "I think there are enough staff but it would always be nice to have more". Another staff member said, "I feel there are enough staff. People are happy".

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection control. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to Personal Protective Equipment (PPE) such as gloves. Staff were able to discuss their responsibilities in relation to infection control and hygiene. There was a cleaning schedule in place which was completed daily by staff and up to date. A staff member said, "Gloves and aprons are used for bathrooms and cleaning. We also use gloves when administering medicines".

Staff described confidently individual health and well being risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. Where people had been assessed as being at risk, assessments showed measures taken to discreetly monitor the people. A person said, "Staff make me feel safe, they know my risks and share their concerns with me". A professional told us, "The home is safe, they have risk assessments in place with clear measures for staff to follow".

Systems were in place to ensure equipment was regularly serviced as necessary. All electrical equipment had been tested to ensure its effective operation. The last fire alarm service was in October 2017 and the last gas safety checks were carried out in December 2017. People had personal emergency evacuation plans in place. These plans told staff how to support people in the event of a fire.

Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Reports were completed by staff; these detailed what happened before an event, during an event and what preventative actions were taken. These were then used to review people's needs. The home manager told us that they had good working relations with the local learning disability teams and came together with them, the person and family in response to new trends occurring and/or to set a review. The support people had received by staff had had a positive impact on their lives. This meant they could access the community with support from staff who had a clear understanding of active and proactive strategies to support them safely.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Three people were thought to require DoLS. We found that two people had had authorised DoLS in place and another had an application pending assessment with their local authority. Conditions attached people's DoLS were met. For example, people were supported to attend church services and meet with friends.

Staff understood the principles of the MCA and how it applied to the people living at Principle House. Staff were able to tell us when and who they would involve if a person lacked capacity. People's capacity and ability to consent to treatment had been assessed and on an issue specific basis when living at the home. Where people were deemed to lack capacity best interest meetings had been held with involvement from people with the authority to act on their behalf, staff familiar to them and health professionals. Decisions taken were regularly reviewed and covered areas such as support with medicines and personal care.

People's needs were assessed to support their move to Principle House. Regular reviews were also held with people's involvement. We observed staff offering people choice throughout the inspection. This included choices around food and drink, activities and who supported them. People were treated as individuals. When speaking to people, staff and reviewing records we found that staff were committed to support people's individual needs and preferences.

The home ensured that the staff had the skills, knowledge and experience to deliver effective care and support. All staff received an induction which included shadowing by more experienced staff and competency checks. A staff member said, "I completed an induction booklet. I did two weeks shadow shifts and read people's folders. I got to know people and worked with experienced staff. This helped me". Ongoing training was provided by a number of methods including workbooks and online training. Staff told us they could request additional training when they felt that it would help them in their roles. A relative told us, "Staff come across competent and well trained". An agency worker said that they felt "really supported and part of the team". Training included safeguarding adults and how to support people with behaviour that could challenge. The home manager recognised that supervisions had not always been carried out on time and was working to resolve this. Some of the staff had not received recent appraisals. The nominated individual told us that a new process had been introduced which would include new written materials supporting staff members' continuing professional development as the ones currently in place were

developed by a previous provider.

People were offered a variety of food and drinks which they had chosen and enjoyed. People could access food and drink when they chose to including outside of typical meal times. Where identified as an assessed need people had diet plans in place to help them maintain their overall health and wellbeing. This included offering people the choice of healthier food options and monthly weight checks. People and staff told us that meals were good and mostly home cooked. Staff had completed food hygiene training. A person told us, "Tonight's dinner is my choice; cheese and potato pie with beans, nice!" We were told that people could always ask for alternative options and that this would be respected.

Staff worked consistently with outside organisations to help deliver effective care and support to people. Each person had a care passport which gave health professionals in other services, such as a hospital or GP practice, key information when required to support the person. There was evidence of staff linking with health professionals in ways that supported individual needs and personalised outcomes. For example a rehabilitation officer for people with sight impairments had carried out a mobility assessment and undertaken practice route walks with a person to ensure they could continue accessing the local shops and pub safely.

People were supported to attend health appointments to maintain their health and also to respond when this changed. This included supporting access to GPs, opticians and a chiropodist. A person told us, "I have access to health care and staff come with me". One staff member had supported a person to a local hospital. They had reduced the person's anxiety by giving a simplified explanation of the procedure and arranged for an enjoyable activity to happen after the appointment. Each person had their health needs reviewed with input from relevant health professionals. Staff had supported one person to try an e-cigarette as a healthier alternative to regular cigarettes. They then respected the person's choice to continue smoking regular cigarettes after this trial.

The home had an open plan dining / living room area. During the inspection this was a hub of activity where staff and residents interacted freely and came together. However the layout of the house offered limited opportunity for people to have privacy unless they chose to spend time in their rooms or out in the garden.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person told us, "Staff are caring and kind. I like them they are good". Another person said, "The staff are kind and caring and they have a good sense of humour, they make me laugh!" People were treated with respect; staff knocked on people's doors before entering and did not share personal information about people inappropriately. One person told us, "The staff are kind and show respect". A professional commented, "Staff are kind and caring. They have people's best interests at heart". A relative said, "Staff are caring and kind. They talk to people respectfully. There's a good atmosphere and everyone is approachable". A staff member said, "I love working here. I like the warmth, it's like a family, staff and the home manager genuinely care for everyone". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. A person told us, "I can decorate my room how I wish too. I'm happy with my room".

People who were able to talk to us about their view of the service told us they were happy with the care they received. Comments from people and their relatives included. "[Name] receives good care. They wanted more independence and they are happy" and "I'm happy here. I feel safe and supported here. House is ok. It's a nice garden and the bulbs are coming out which is nice". One member of staff told us, "We are a caring team. We make sure people receive good care and respect them as individuals".

Staff demonstrated that they knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. For example, one person enjoyed attending religious services weekly, this was reflected in their support plan. The person was supported to attend these and other services such as; Christmas and Easter.

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends and regular telephone calls. A person told us, "I sometimes choose to see my family. They can visit me too as and when they wish". During our inspection one person's relative had arrived to take them out for the day. A relative said, "There is no restrictions on visiting. I am always made to feel welcome here as are other family members".

On both days of the inspection there was a calm and welcoming atmosphere in the home, punctuated with moments of laughter. We observed staff interacting with people in a caring and compassionate manner. For example, during times when people became anxious staff were patient and attentive in their support. They demonstrated a concern for people's well-being and were gentle, reassuring and encouraging.

People were encouraged to be independent and individuality respected. Some people who lived in Principle House could access the local community independently. We found that support plans included safeguarding strategies to keep people safe. For example, one person had received some training so that they could access the local community safely on their own. We observed the person on day two walking to the local shop on their own. A person told us, "I am respected. I can come and go as I wish".

People were encouraged to make decisions about their care, for example what they wished to wear, what

they wanted to eat and how they wanted to spend their time. A person said, "Staff know my likes and dislikes. They know I love pop music. I can make my own choices and decisions". A staff member told us, "I promote independence and enable people to make choices and decisions for themselves. I offer options and promote freedom of choice". People appeared well cared for and staff supported people who required it with their personal appearance.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff were able to tell us how they put people in the centre of their care and involved them. A person said, "I'm involved in my care plan and I am happy with the support I receive". A relative said, "I'm involved in annual reviews and/or changes to my loved one's care. This is important to me". The registered manager told us that annual review meetings took place with the local authorities, families and people where possible. A professional said, "(Name) is readily involved in their review meetings. They meet with me first and are able to contribute and understand what is dicussed in the meeting. Very person centred".

People's needs were fully assessed so that a comprehensive care and support plan could be developed to meet their diverse needs. The home manager told us that, people and their relatives were involved to ensure that staff had a good insight into people's personal history, their background, their individual preferences, interests and future aspirations. From this information, a personalised plan of care and support could be put together ensuring the person was at the centre of their care. Care plans were available to staff up to date, regularly reviewed and updated by the home manager to ensure they reflected people's individual needs, preferences and outcomes. A staff said, "Care plans give us the information we need to deliver responsive care and support to people". A professional told us, "The service responds effectively to (name's) mental health needs".

The service met the requirements of the Accessible information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We found that information was available in easy read pictorial formats. The home manager told us, "We use written communication with one person. We have found that this is more effective and the person responds better to it. The person has more time to process the information when it is written down than when we may give it verbally".

People living at the service continued to be supported to participate in a range of activities of their choice, including attending day centres, bingo nights, pub trips, clubs and trips to the local community and beyond. People told us they enjoyed taking part in activities with staff. A person told us, "Today I went to a local town; I went to the bank and a café which I enjoyed. On the way back we went to the supermarket to do some shopping". One staff member said, "It's bingo tonight, two people particularly enjoy the social aspect of this activity". A person told us that they helped out at a workshop on Mondays and in a kitchen on Wednesdays. They explained that this was voluntary work and that they liked doing it. A relative said, "[Name] goes to drumming, bingo, pubs and visits family and friends. They have a fairly good programme of things to do each week". People were also supported to enjoy activities in the home. There was a games cupboard in the dining area which held various puzzles, games, arts and crafts and DVD's.

People were provided with opportunities to feedback to the service. Weekly house meetings took place where people came together and discussed the week ahead, planned the following week's menu and were asked how they found their care and if they had any concerns. A person told us, "We have house meetings on Sunday's. Talk about activities and allsorts. I like these and can raise concerns if I have any". A staff

member said, "House meetings allow us to gather feedback from people regarding activities and places to go. These let us check that people are ok too". A relative told us, "We asked for the service to be responsible for transporting [Name] to places and to visit their friends. The service now does this".

The home manager told us that they had not received any complaints since the last inspection. The service had a complaints system in place; this captured the nature of complaints and steps taken to resolve these. The home manager told us that they would welcome complaints and act on them. A person told us, "I have no concerns at the moment. I'd go to the home manager if I had a complaint. I am happy at the moment". Health and social care professionals comments included;, "We have never had to raise a complaint. I'm confident any issues would be responded to in a timely manner. I have open communication with the manager", "We have not received any complaints about the home or raised any with them. I feel they are open to feedback" and "I have never had to raise any officiqal concerns but with my experience of the manager I would like to think they would be dealt with timely and investigated".

People living at Principle House were not receiving end of life care and it was not something the service had considered. The home manager told us, "I'm not sure how to approach it. There are no advanced care plans required here". The nominated individual said, "We will raise this with our quality team and would always ensure that we respected people's wishes and beliefs".

Requires Improvement

Is the service well-led?

Our findings

The service had not had a registered manager in place since 30 September 2016 .. The home manager told us they were in the process of registering with us and had applied for their DBS.

We met with the nominated individual on day two. A Nominated Individual has the responsibility for supervising the way that regulated activities are managed within an organisation. The nominated individual said, "I know we are reactive at the moment but we want to be proactive when new systems are working".

Quality monitoring systems were not robust or embedded within the service. This meant that some areas for improvement to keep people safe had not been identified. The home manager told us that quality monitoring had not been completed regularly. The area manager told us that there was a quality team and that the quality manager visited the service quarterly. We found that their last visit took place in February 2018 however actions were not always shared with the home manager. The area manager said that they completed six weekly audits and that these covered areas such as staff supervision, people's files and medicines. We found that the last audit completed by the area manager took place on August 2017. This audit had not identified the issues we identified during the inspection. For example, fire safety and incident reporting. The home manager said, "I do medicine audits. I don't do any other audits. It's not something I have needed to do and the area manager is ok with this".

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

The nominated individual told us that a new auditing system was being put together and that this system included monthly and six monthly audits to be completed by the home manager. Findings from these audits would feed into an improvement plan and cover areas such as infection control, environment, medicines, people's files and staff records.

We had not received any notifications since the previous registered manager left in 2016. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. During the inspection we found that there was one incident of alleged abuse between two people living at Principle House, one investigation by the police and two authorisations of DoLS which we should have been notified about. The home manager told us that they were not aware of what CQC should be notified of. They told us they would read the provider guidance on our website.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Registration) Regulations 2009.

The home manager told us that they promoted an open door policy. The home manager told us they recognised good work which was positive and promoted an open culture. Staff, relatives and people's feedback about the home manager was positive. A person told us, "The manager is good. They are good at their job and work hard". Another person mentioned, "I like [manager's name]". One staff member said, "The manager has an open door policy. Very approachable, best manager I have had". Another staff member told us, "The manager is very good at what they do. They are well appreciated". A relative said, "Manager is nice.

Often busy. They will tell me if there is a problem or something I need to know".

Professional's told us they had no concerns about the culture of the home and felt interactions between staff, people and management were positive. Comments included; "I have never had concerns about interactions between staff and people or concerns about how people are spoken to" and "A positive, open culture is promoted by all".

The provider had an equality and diversity policy in place. The recruitment process was open and equal to all. The home manager told us that they would make adaptations for staff in relation to cultural beliefs. For example, flexible shifts to allow for prayer times, food and holidays. Other adaptations could include staff who were pregnant or have a disability.

The service worked in partnership with other agencies to provide good care and treatment to people. The registered manager told us they were currently working with the local authority to reassess a person's funding. They said that this was going well. Professionals told us they had positive relationships with the service and manager. One professional said, "The manager has a good rapport with (name). They are very proactive in wanting to support their mental well being and community access". Another professional told us, "The manager is ok. They respond to my requests in a timely mannor. They seek advice as and when required and incidents are reported to us".

The manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations where necessary through contact with families and people. A professional told us, "The manager is open and transparent. They keep us up to date with concerns and incidents".

People, relatives and staff told us that they felt engaged and involved in the service. A person told us, "I feel involved and that my feedback is listened to". A relative said, "The manager is open and clear. They listen to my views and always get back to me". A staff member told us, "I feel well supported. My ideas and suggestions are listened to. Staff meetings are really good and our ideas are looked into. We are definitely included". The provider told us that they were just about to review their quality survey for people, relative and stakeholders. The home manager told us that the organisation carried out surveys but that the detail and comments were not shared locally with the homes. This meant that improvements were not able to be made in response to people's comments because they were not known. The nominated individual said that all outcomes from the new surveys would be shared with the home managers and improvements made where necessary.

Staff meetings took place regularly with the last one taking place on 28 February 2018. Topics discussed included what was working / not working, new incident reporting system and people. We found that meetings generally took place monthly with the one before that being in January 2018. At this meeting promoting independence was discussed. The home manager told us that this had improved and during our inspection we observed staff actively supporting people to be independent.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified the commission of allegations of abuse, DoLS authorisations and investigations involving the police.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems were not robust or embedded within the service. Areas of improvement to keep people safe had not been identified, lessons were not always learnt and actions had not been put in place to address them.