

Accommodating Care (Driffield) Limited

# The White House Residential Home

## 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** 

# Summary of findings

## Overall summary

This comprehensive unannounced inspection took place on the 21 March 2018.

The White 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. The service is located in Drifffield, in the East Riding of Yorkshire. It has accommodation for a maximum of 20 older people, some of whom may be living with dementia. During this inspection there were 13 people using the service.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

At our previous comprehensive inspection on 2 June 2016, the service was rated Good overall. We issued one requirement notice for a breach in Regulation 15, premises and equipment. You can read the report from our last inspections on our website at [www.cqc.org.uk](http://www.cqc.org.uk). The provider completed an action plan to show what they would do to meet the requirements of the regulation.

At this inspection we found the provider had breached two regulations of the Health and Social Care Act 2008. The provider had not always ensured all risks to the safety of people were identified and action taken to minimise these risks. Medicines were not safely managed. The provider's quality assurance systems were not always operated effectively to monitor the safety of the service and to ensure compliance with the regulations.

We have made one recommendation in this report for the provider to review the processes at the home to ensure good practice guidance is consistently implemented in relation to infection prevention and control.

People told us they felt safe living at The White House and with the staff who supported them. Visitors confirmed this. Staff demonstrated that they were aware of their responsibilities with regards to protecting people from abuse through discussions with us and the completion of appropriate training.

People told us staff were kind and caring and they had developed good relationships with people using the service. Staff were aware of the importance of ensuring people's privacy and dignity was respected at all times.

People received good support to access health services when they needed them. The food in the home was good and people said they were happy with their diet. People enjoyed some group and individual activities.

Care plans were person centred. People were given regular opportunities to express their wishes or

preferences and these were responded to by staff. People's care was planned in a way that reflected their needs and was regularly reviewed. Staff knew people well and involved them in their care.

Staffing levels were satisfactory and employees were subject to pre-employment checks before they were offered positions at the home. The registered manager maintained records of accidents and incidents which gave them an overview of any trends.

Staff had been supported through the regular use of supervision. Staff had the relevant training and support to care for people in the right way. The staff team were confident.

People, their visitors and staff spoke positively about the registered manager. Staff told us they felt supported. They described the registered manager as 'approachable' and 'supportive.' Any concerns or complaints were investigated and responded to.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. The registered manager had been notifying CQC of important events.

You can see what action we told the provider to take at the back of the full version of the 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?

The service was not always safe.

Risks to people were not always managed effectively. Staff did not always follow actions required to minimise risks.

Medicines were not always managed safely.

Systems to protect people for the prevention and control of infection were not all in place. We have made a recommendation about this.

People felt safe and staff had received training in safeguarding adults. There were enough staff to meet people's needs and recruitment practices helped ensure only suitable staff were employed.

**Requires Improvement** ●

### Is the service effective?

The service remained effective.

People received care from staff who were supported to develop the skills and knowledge they needed to perform their roles effectively.

Staff worked within the principles of the Mental Capacity Act 2005.

People's nutritional needs were met. They were generally positive about the quality of the food.

**Good** ●

### Is the service caring?

The service remained caring.

People told us staff, were kind and respectful.

Staff respected people and upheld their privacy and dignity.

Staff knew people well and they had built up positive relationships with people and their relatives.

**Good** ●

People's individual equality and diversity preferences were known and respected.

### **Is the service responsive?**

The service remained responsive.

Staff were responsive to people's wishes and preferences and provided care that met people's individual needs.

People had access to some activities and had opportunities to make suggestions in this area.

A system was in place to manage and respond to complaints in a timely manner.

**Good** ●

### **Is the service well-led?**

The service was not always well led.

The provider's quality assurance system was not effective because it did not always identify shortfalls.

People and staff told us the registered manager was open and approachable.

People were asked for their views and could make suggestions about the service.

The provider had notified CQC where necessary, in line with the responsibilities of their registration.

**Requires Improvement** ●

# The White House Residential Home

## **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 registered 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 unannounced inspection took place on the 21 March 2018. The inspection team comprised of two inspectors.

Before the inspection we contacted the local authority commissioning and safeguarding teams to gain their views on the service. We looked at notifications about significant events that the provider was required by law to inform us about. We also looked at the previous inspection report for 2 June 2016 and information received from the provider in regards to how they were planning to address the breach in regulation we found at our previous inspection. The provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection.

During the inspection we observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times. We spoke with six people who used the service and three visitors. We also spoke with the registered manager and five staff.

We looked at three people's care plans along with the associated risk assessments, daily records, and accident and medicine records. We looked at a selection of documentation relating to the management and running of the service. This included audits, policies and procedures, recruitment information for three members of staff and induction and training records for five staff. We also completed an observational walk around the premises to check the safety of the environment and general maintenance, as well as the

cleanliness and infection control practices.

# Is the service safe?

## Our findings

At our inspection on 2 June 2016, we identified a breach of regulation 15 (1) (e), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not carried out regular health and safety risk assessments of the premises (including grounds). This meant that unsafe surfaces to the garden patio area that required improvement had not been identified or acted on without delay. During this inspection we found the provider had taken appropriate action.

We completed a tour of the premises both inside and outside. We found the previously unsafe surfaces outside of the dining room patio doors had been addressed by the provider and levelled with concrete. A health and safety audit was completed annually by an external contractor which included checking for hazards in the grounds of the service. However, we noted the last health and safety audit completed in April 2017 did not include any details of which areas were checked for risks in the grounds and only stated 'As before'.

Risks to people were not always managed effectively. Risk assessments had been completed for individuals' identified risks, together with action staff needed to take to reduce the risks. We reviewed the records from an incident which had occurred where a person using the service had a fall after accessing an outside area unsupervised. Action had been taken which included ensuring the door from the dining room through to the laundry was secured, as well as the fitting of a key pad lock system to the side door of the service. However, staff were not always following these actions. During the inspection the door to the laundry was not secured on several occasions and we saw people sat unattended in the dining room which gave direct access to the laundry. Both inspectors were able to access the grounds from the side entrance which had several steps directly outside of it, as the key pad system was not working. These concerns had not been highlighted or addressed in any audits by the provider.

The failure to ensure all risks to the safety of people were identified and action taken to minimise these risks was a breach Regulation 12 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we recommended that the registered provider followed the National Institute of Health and Care Excellence guidance on the safe management and storage of medicines, with regard to storage room temperature and disposal of unused CDs. At this inspection we found that there were still areas of practice that needed further improvement.

People we spoke with were happy for the staff to administer their medicines. One person said, "I get my medicines every morning although not always at the same time." The provider had an up to date medicines policy in place which covered all aspects of medicines management and we saw that staff responsible for administering medicines had received training.

We checked whether medicines were managed safely. Staff had not regularly recorded the temperature where medicines, including controlled drugs, were stored. The last recorded check of where medicines were

stored was in February 2017. The temperature of the room where controlled drugs were stored had been recorded at the maximum recommended temperature of 25 degrees on four occasions prior to the inspection, and on the day of inspection. Staff were unsure of what action should be taken. There was no process for staff to follow in the event of this happening. If medicines are stored in a room where the temperature is too hot or too cold this can impact on their effectiveness. Without regular monitoring of the room temperature it was not possible to assess if people's medicines were stored safely.

The cupboard where controlled drugs and medicines to be returned were kept was observed to be unlocked on two occasions during the inspection. This meant anyone could access the medicines which were to be returned, which were stored in a box on the floor. We checked the returns book which included seven medicines to be returned to the pharmacy; however the box on the floor contained other medicines which were not recorded in the returns book. A member of staff told us this was excess stock which wasn't usually recorded when returned.

The failure to ensure the proper and safe management of medicines was a breach of Regulation 12 (1) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how well people were protected by the prevention and control of infection. We found the communal environment to be clean and fresh. Staff wore personal protective equipment (PPE) such as gloves and aprons as required. Staff we spoke with were aware of infection control procedures and had received training in the subject.

Three toilet floor surfaces we looked at either had holes in them or were rising from the side walls. This meant that any spillages would be likely to leak under the floor surfaces making it difficult to clean them effectively and this increased the risk of infection. One toilet floor was very sticky underfoot and the room had an unpleasant odour. Another person's room we looked at had a malodour.

Cleaning schedules were in place and we reviewed these from 12 to 18 March 2018. We saw daily tasks included checking for odours in rooms. None of the odours we observed had been highlighted on these checks. The registered manager told us they did not complete an infection control audit which meant none of the concerns we found had been highlighted or addressed by the provider.

We recommend the registered provider reviews processes at the home to ensure good practice guidance is consistently implemented in relation to infection prevention and control.

People told us they felt safe, and their visitors confirmed this view. When asked if they felt safe one person said, "I feel safe and I am. I have never doubted it since I came here that they care for me." A visitor told us, "Yes my [relative] is safe. Staff help [Name] to eat when I am not here. They are absolutely lovely." Staff had received safeguarding training and knew how to identify, prevent and report abuse. A staff member said, "I would put anything to my manager and make sure safeguarding and CQC were aware. Another staff member told us, "I would inform [Name of registered manager] or my senior. I would go above them if they didn't do anything and talk to the local authority." The staff we spoke with were confident that the registered manager would respond to any concerns they raised. Records confirmed that the registered manager had reported incidents appropriately and promptly to the local safeguarding authority and taken action when required to keep people safe.

There were enough staff on duty to support people safely. One person said, "Staff are quick at responding to me." A visitor told us, "Yes there are enough staff for me personally. Some days they are more rushed than others but that depends on people's needs at that time." At the time of this inspection there were 13 people

living at the home. There were normally three members of care staff (one of whom was senior staff) on duty during the day and two or three staff during the night. In addition, there was separate catering, domestic and maintenance staff. During this inspection one member of staff was absent and the registered manager was covering this shift. They told us they would normally cover the absence with extra staff but as the occupancy numbers were low this was not required. Domestic staff were responsible for providing people's evening meal. Throughout the day we observed staff were busy but people's needs were attended to in a timely way.

People were supported by staff who had been safely recruited. Before starting work at the home checks had been completed to ensure, as far as possible, staff were suitable to work with people living at the service. These checks included references and Disclosure and Barring Service checks (DBS). These checks took place before staff worked unsupervised with people.

We checked the premises and equipment were safe for people's use. We saw fire alarms were regularly tested to ensure they worked. Staff had undertaken an introduction to the fire systems in the home as part of their induction and subsequently completed fire training. We found other safety checks for gas, water and electricity had been undertaken by external contractors who specialised in areas such as legionella. External contractors had also checked the equipment used by people, such as hoists to make sure they were safe to use.

The registered manager monitored and analysed all accidents and incidents for further analysis. This was a measure to help ensure that any learning was identified and appropriate adjustments made to minimise the risk of the accidents or incidents occurring again.

## Is the service effective?

### Our findings

People told us they thought staff were well trained to be able to meet their needs. Comments included, "The staff do everything alright for me" and "They know how to look after us very well."

Staff had access to the training they needed to provide people's care. All staff had an induction when they started work, which comprised of a three month probationary period with evaluations of their progression at specific timescales. One member of staff said, "My induction was really good. I am halfway through my care certificate. I have done more training here [the service] than in any of my previous jobs." The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

From the staff files we reviewed we saw newly recruited staff attended core training during their induction, including first aid, safeguarding, infection control, fire, moving and handling, food hygiene and health and safety. Staff attended regular refresher training in these areas and had access to training relevant to people's individual needs, such as equality and diversity, mental capacity act, dementia and end of life care. Staff received regular supervision and we saw evidence to confirm this. One member of staff told us, "I had supervision yesterday and I go through everything with [Name of registered manager] and how I am doing. It's very professional."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's rights under the MCA were respected. Records showed that four people who used the service had a DoLS in place around restricting their freedom of movement. These were kept under review and an application had been submitted for another person. The registered manager was awaiting the outcome from the authorised supervisory body. If people lacked capacity, appropriate procedures had been followed to ensure decisions were made in their best interests, including consulting people's families and healthcare professionals.

Care staff had received training in the MCA and DoLS. They were aware that they should presume people had capacity until it was deemed otherwise. Staff said they always asked people for their permission before they supported them with anything. One told us, "I try and help people to understand. For example, one person may struggle to get their words out and we have to encourage them. It's always their choice and with clothes I would always get the pink item out first and ask if they wanted to wear that one. I would then go to

the colour red, then green." We asked people who used the service if staff involved them in making decisions and comments included, "I just do as I have always done – I do as I please" and "This morning they came to see me and asked me if I wanted a shower. I said yes please, so I have had one."

People's needs were assessed before they moved into the home to ensure staff could provide the care they needed. People's healthcare needs were observed effectively and people were supported to obtain medical treatment if they needed it. People told us staff supported them to see a healthcare professional if they were unwell, we observed this in practice during the inspection when one person had pain in their leg. Care plans we reviewed showed that people's needs were assessed and reviewed on an on-going basis. Healthcare professionals were named within people's care plans and information from healthcare professionals such as GPs and district nurses were recorded which meant that communications around people's health was easy to access.

People enjoyed the food provided and said they had a good choice of meals. One person told us the food was "Alright" and another person said, "We like to have fish and chips and we get them from [Name]." People said they were able to have alternatives to the menu if they wished. A visitor told us, "The food is really good. If it is fish in sauce they always do [Name] something else as they know that they don't like it." People were able to give their views about the food and these were taken into account. Daily choices were displayed in pictorial format in the hallway of the service. Some minor concerns were raised with us in terms of a person's food requirements. We shared this with the registered manager for their action.

At the last inspection we recommended the registered provider upgraded the environment and carried out repair work where needed to ensure people that use the service have a pleasant environment in which to live. At this inspection we checked and found the provider had completed some actions to address the recommendations we made.

There had been some improvements to the environment since the last inspection. Further work was still required. The registered manager told us there was a programme of refurbishment which was on-going at the service. We saw new curtains had been purchased for some of the rooms downstairs and some were on order for rooms upstairs. Some bedrooms and the hallways had new carpets fitted. 15 of the rooms had en suite facilities and we saw some of these had been upgraded with new toilets and sinks. The provider had taken some measures to adapt the service to create a dementia friendly environment. Dementia friendly signage was used on bathrooms and shower room doors to help people living with a dementia navigate around the building. Doors had been customised with personal pictures.

## Is the service caring?

### Our findings

Staff displayed kind and caring values. People who used the service all made positive comments about the care they received. People told us they were happy and well cared for by staff. Comments included, "There is nothing they [staff] wouldn't do for you. They are kind and listen to you" and "They look after me here. The staff are caring."

Interactions observed between the staff and people who used the service were friendly and staff spoke fondly to us about the people they cared for. One told us, "The care is really good. One of our previous staff member's mum needed care and she brought her here." Positive interactions between staff and people included chatter and laughter, which made for a nice and calm atmosphere. Another member of staff told us the service felt like a "Family."

People were supported by staff that knew them well. Staff demonstrated a good understanding of people's needs and backgrounds when we spoke with them. People's care records contained information about their backgrounds, such as their childhood, adulthood, family background and working life. One member of staff told us, "[Name] used to be a ballerina at The Royal Albert Hall." Another said, "We have enough time to read through peoples care plans and to learn about them."

People who used the service told us staff maintained their privacy and treated them with respect. The visitors we spoke with said staff were caring and respectful of people's preferences. They also told us people who used the service had a say about their care. One told us, "Staff are very respectful of what [Name] wants to do. They absolutely treat [Name] with dignity and respect and they let me get involved as well." Another said, "As far as I am concerned they [staff] are right at the top. Very good."

People's individual equality and diversity preferences were known and respected. People's care plans reflected their diversity and protected characteristics under the Equality Act. For example, care plans contained information on people's gender, religion, communication and significant relationships. One person's care plan clearly recorded their religious beliefs and how staff should support them with this. This included appropriate foods and washing facilities if required.

Care plans were in place and were specific to people's needs and abilities. We saw information for staff to follow in relation to how they should engage with people. For example, one person's communication care plan stated they used specific equipment to simulate voice. This supported staff to provide responsive care to people who had communication difficulties.

People were encouraged and supported to maintain contact with people who were important to them. As part of the inspection process, we looked at compliments, which had been received by the home from people's relatives. One person wrote 'I am happy that my mum is secure and safe.' Another said 'The care staff and their attitudes are excellent.'

People had access to independent advocates if they wished. Advocates provide independent support for

people to express their views and ensure their rights are upheld.

Up to date, relevant information, advice and guidance were displayed around the home which would benefit people who used health and social care services. Information about what to expect from the service, such as their 'mission statement' were also on display in an area accessible to people and their relatives. Other material such as the provider's complaints procedure, and the CQC registration and rating information was also prominently on display.

## Is the service responsive?

### Our findings

People told us that they received care that was responsive. One person said, "You always get what you need." Another person told us, "I came here originally for two weeks. I've been here six years and I don't want to go home." A relative commented, "They always let [Name] have a lay in. [Name] is always asked if they want any help."

Care files contained clear assessments, guidance and information about the person and how to support them effectively. This included the support people needed to manage their personal care, nutrition, medicines, continence, communication and finances.

Care was planned around people's needs. Where people had specific needs, we saw that they had care plans in place for them. For example, one person had exacting standards about maintaining their personal care. The care plan set out the person's levels of independence and support required from staff in relation to this. There was guidance for staff on what type of bathing the person could have and where water should not be used on their body. Care plans had been regularly reviewed and we saw that evaluation sheets contained details of any changes made to the support people required in line with changes in their needs.

Staff understood and responded to people's preferences and wishes. People's care plans contained information on their likes and dislikes and staff were knowledgeable about these. For example, one person's care plan said they liked to be addressed by a certain name and we heard staff addressing this person by this preferred name.

People were regularly asked about their care and their views during meetings with the registered manager. The meetings we reviewed contained discussions around people's care, activity, food and staffing levels. We saw a meeting held in August 2017 had discussed the recent quality assurance audits and that staffing levels had been increased to three care workers on each shift. People were advised that this would be monitored dependent on people's needs. The comments from people during these meetings were positive.

People had some opportunity to engage in social activities. Comments included, "Every night I go for a walk into the town and back with my sister" and "I do crosswords and knitting." Another person told us, "There are plenty of activities about but I'm not that bothered." The registered manager told us they had experienced issues with sourcing wheelchair transport to aid people to go on outings. They went on to tell us they had now sourced contact details of a company that could provide this service. We saw evidence of recorded activities which included music, jigsaws, making memory boxes, painting, manicures, memory games, bowls and making pizzas. We spoke with the activity worker who told us, "I am currently doing a memory box with [Name]. I have asked their family for some old photographs, cards and ornaments. [Name] particularly likes looking at pictures of cows as they used to be a dairy farmer." The last resident meeting held in February 2018 recorded that people were overall happy with the activity provided and had particularly enjoyed a visit from a lamb which a member of staff had brought in from their farm.

At the time of our inspection, no one living at the service was nearing the end of his or her life; therefore we

were unable to consider how this part of the service was managed. Care plans included a section called 'Advanced care planning' which contained peoples final wishes in terms of where they wanted to stay, what was important to them and any spiritual needs to be met at the end of their life. For example, one person's plan stated 'I wish to remain in the care of The White House and not be admitted to hospital. Maintain my high standards of physical and emotional care. Follow care plan number seven regarding my spiritual needs.' During the inspection the service received a bouquet of flowers from relatives of a person who had recently received end of life care. We saw a comment had been added which said, 'For all your wonderful care towards [Name] and sincere support over the last few days.' This showed us the provider was supportive in ensuring people had a comfortable and dignified death.

The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment, or sensory loss. All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017. The registered manager held some knowledge of the Accessible Information Standard. They told us, "It's about tailoring support to the person. Everyone here [at the service] is able to verbally communicate but we have signage, photos of people on their doors and a picture menu for meals." We saw that people's communication needs were recorded as part of the services care planning process which indicated people's ability to communicate and any support they needed. This approach helped to ensure people's communication needs were met.

There was a complaints policy which was visible for people to follow. There had been six complaints received since our last inspection which were about problems with peoples clothing, laundry, glasses and dislike of condiments provided. We saw there was a record of the review of these complaints and the actions taken. One person told us, "I have no complaints." Another said, "I have never had to complain. I would go to [Name of registered manager] if I had any problems." A relative told us, "I have no complaints. I had one little concern not long after [Name] came here. I went straight to [Name of registered manager] and it never happened again."

## Is the service well-led?

### Our findings

During this inspection we found the provider did not always operate effective systems to assess and manage risks relating to the safety of people who used its service. Issues we found around infection control practice, the safe management of medicines and risks to the safety of people living at the service had not been identified by the home's quality assurance processes.

The security of the building and people's safety had been compromised by the open access into, and out of, the building via a side entrance. Infection control audits and cleaning schedules had not been appropriately completed. Daily checks of people's rooms had not highlighted any of the concerns we found with infection control practice. People's medicines had not always been managed safely. The registered manager told us the provider visited on a monthly basis. We reviewed the last visit conducted in February 2018 and saw none of the areas of concern we had found were highlighted. This meant that quality assurance processes were not always accurate or effective and the concerns we found had not been identified or acted upon by the provider.

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

People and their relatives were encouraged to share their views and were able to speak to the registered manager when they needed to. There was an annual quality assurance exercise where questionnaires were sent out to people, their relatives and healthcare professionals, to seek their views on the service. The questionnaires for 2017 had been analysed and the results were overall positive. One comment from a relative stated the décor and furnishings were poor. We saw the registered manager had responded by advising of the rolling maintenance programme that was in place to upgrade areas of the home. A person using the service had commented, 'Lovely staff and always there if I need them. Quite happy with my surroundings. "

People we spoke with told us they considered the home to be managed well. One person said, "[Name of registered manager] is okay." Another told us, "[Name of registered manager] is very good with us." We spoke with staff who worked at the home who told us they were happy with the support they received. Comments included, "[Name of registered manager] is the best boss I have ever had. [Name] is my boss but a friend as well and always there for you" and "The support I get is brilliant. [Name of registered manager] helps me out and advises me. I couldn't ask for better. It's a brilliant team."

We spoke with staff about the culture of the service. They told us that the culture was very supportive. We observed a positive culture and a commitment to providing good quality care and support to people. One member of staff told us, "There is an open door policy with [Name of registered manager]. They are easy to talk to. There is nothing I would change. The home is friendly, small and we all help each other out. The atmosphere is relaxed and the residents seem happy enough."

Staff meetings were held and daily handover meetings between staff were carried out. Information was

recorded at each shift change to ensure the communication between staff was effective.

The registered manager had a positive approach within the service and we saw they were involved. We observed that they presented knowledge of their role and responsibilities, and were able to discuss the needs of people who lived at the home in a thorough way. We noted that the registered manager worked with other organisations in order to support people who lived at the service. They worked with local authorities that commissioned services for people and safeguarding teams, when required. Where any concerns had been raised the registered manager liaised with safeguarding and healthcare professionals in an open way. This meant any concerns were addressed in a sensitive and confidential manner.

The registered manager kept a record of any safeguarding alerts or concerns raised with the local authority in relation to incidents of alleged abuse. The records contained a monitoring tool which also prompted decision making in terms of the incident. The registered manager had submitted statutory notifications to the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. A statutory notification is information about an incident or event that the provider is required by law to send.

The provider had a whistleblowing policy, which supported staff to question poor practice. Staff confirmed they felt safe to raise any concerns and felt confident the registered manager would act on their concerns appropriately.

The service had a statement of purpose. This document provided details about the home, including its facilities, staffing, management and mission statement. It provided information needed to help people and their relatives make an informed decision about the suitability of the service.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks associated with service user's care were not always effectively managed to ensure their safety.</p> <p>Medicines were not managed safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have an effective governance framework, to help monitor on-going quality and safety of the care people received.</p>