

Waters Park House Limited

Arguam House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

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 5 and 7 June 2017 and was announced. We announced the inspection due to the needs of the people living at Arguam House. Arguam House provides care for people who are living with Acquired Brain Injury and those with Neurological Disorders. It provides care and accommodation for up to 8 people. On the day of the inspection 7 people lived in the home. Arguam House is owned by Waters Park House Limited.

Waters Park Limited also owns another care home in the same area and the registered manager managed both of these services. 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.

The registered manager was supported by a clinical lead, who also worked across both services. There was a manager in place at Arguam House who took responsibility for the day to day running of the service. They were supported by a deputy manager.

The service was registered in December 2015 and this was its first inspection.

Recruitment practices were carried out on new staff members before they started working at the service, to help ensure they had the correct characteristics to work with vulnerable people. However, where concerns were raised about staff's previous conduct through references or Disclosure and Barring Service (DBS) checks, or where there were gaps in their career history; there was no record that these had been discussed with the staff member, or any actions recorded to show how the provider would ensure people were not put at undue risk. Following the inspection, the manager confirmed this had been done.

There were risk assessments in place to help reduce any risks related to people's care and support needs. However, these did not always reflect all of people's risks. Staff knew people's risks well but were not always clear exactly how they should act to protect people from these risks. The manager told us they would update people's records to ensure all risks stated what steps staff should take to help mitigate risks to people.

Staff were knowledgeable about which people had the capacity to make their own decisions and how to support those who didn't. However, where people were deemed to lack the capacity to make decisions for themselves, records did not show how this decision had been reached. This meant people's rights may not have been protected. Where people's liberty was restricted, the Deprivation of Liberty Safeguards (DoLS) applications had not always been made to help ensure this was being done in their best interests. People were involved in planning their care and staff sought their consent prior to providing them with assistance.

The manager and staff monitored the quality of the service by regularly talking to people about whether

they were happy with the care they received. The registered manager and clinical lead also carried out spot checks of the service which they recorded and used to improve the service. However, there was no clear system in place to ensure all aspects of the service were regularly monitored. This meant concerns highlighted through the inspection had not been previously identified or acted upon.

There was a positive culture within the service. The registered manager had clear values about how they wished the service to be provided and these values were shared by the whole staff team. People told us there was a homely atmosphere within the service and the staff were committed to helping people feel 'at home'. The registered manager told us, "I want people to have the same things I would have at home." A compliment received by the service stated, "The house looks so cosy, just what we wanted for [...]"

People received support from staff that knew them well and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. One person told us, "Without the rehabilitation I've got here, I wouldn't have come as far. Friends and family have noticed considerable improvements in me." A relative told us, "I haven't got anything bad to say about the staff. They're wonderful."

Staff had received training relevant to their role and there was a system in place which enabled the manager to see when it was due to be renewed or refreshed. Staff were supported in their role by an ongoing programme of supervision and appraisal.

People told us they enjoyed the food and mealtimes were designed to suit people's individual needs. People ate what and where they liked and when they wanted to. People told us meals were of sufficient quality and quantity and there were always alternatives on offer for them to choose from. People were involved in planning the menus and their feedback on the food was sought. Staff were aware of people's dietary needs and how to meet these in a way that kept people safe.

People had their healthcare needs met. For example, people had their medicines as prescribed and on time. People were supported to see a range of health and social care professionals including social workers, chiropodists, district nurses and doctors. Records of care offered to people were completed thoroughly and accurately. This helped ensure any concerns or changes could be easily identified.

People told us they felt safe using the service. People were kept safe by suitable staffing levels. Relatives told us there were enough staff on duty and we observed unhurried interactions between people and staff. This meant that people's needs were met in a timely manner. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

We found breaches of the regulations. 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?

Requires Improvement ●

The service was not always safe.

People did not always have risk assessments in place to guide staff how to mitigate risks associated with people's needs.

Information received about new staff through recruitment procedures had not always been acted upon to ensure the staff member was suitable to work with vulnerable adults.

There were sufficient staff on duty to meet people's needs safely.

People were protected by staff who could identify abuse and who would act to protect people.

People received their medicines safely and as prescribed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People who were deemed not to have the capacity to make certain decisions had no assessments in place to show how this decision had been made.

People's rights were not always protected when they were restricted of their liberty.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and felt confident contacting senior staff or management to raise concerns or ask advice.

Is the service caring?

Good ●

The service was caring.

People were looked after by staff who treated them with kindness and respect.

People and visitors spoke highly of the staff. Staff spoke about

the people they were looking after with fondness.

People felt in control of their care and staff listened to them.

People said staff protected their dignity.

Is the service responsive?

Good ●

The service was responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Quality assurance systems were not sufficiently effective to identify the gaps in quality found during this inspection.

There was a positive culture in the service. The management team provided strong leadership and led by example. Staff were motivated and inspired to develop and provide quality care.

The registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team.

People's feedback about the service was sought and their views were valued and acted upon.

Arguam 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.

The inspection took place on 5 and 7 June 2017 and was announced.

The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with two people.

We reviewed four records in detail. We also spoke with six members of staff and the registered manager and reviewed three personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service.

Following the inspection we sought the views of professionals, who know the service well. This included a Community Care Worker. We also spoke with one relative.

Is the service safe?

Our findings

Recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. However, where staff members had received previous convictions, not provided a full employment history, or received a negative reference, there was no record to show these had been explored with the staff member or a risk assessment completed, to help ensure they were safe to work with vulnerable adults. Following the inspection the manager confirmed they had discussed the information with the staff members concerned and assured themselves there was no risk to people living at Arguam House. Where appropriate, they had also put in place extra meetings to review the staff members performance.

People were not always recruited safely. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had some risk assessments in place but these did not always reflect all people's risks. For example, one person was described as having a food allergy, epilepsy, needing support with their finances and being at risk of falling and skin breakdown. There were no risk assessments in place to identify the level of these risks to the person and provide staff with clear detail about how to mitigate risks to the person. Some actions staff needed to take to keep the person safe were described in their care plan, but this was not the case for all the risks identified. Another person was described as sometimes becoming verbally aggressive. This had not been assessed as a risk and actions staff should take to minimise the risk had not been recorded. Staff members understood people and their risks well. However one staff member told us about one person's risk, "It doesn't happen very often so I'm not completely sure what to do. I work with more experienced staff members so they would know how to support the person."

When people did have risk assessments in place, these were not always followed by staff. One person was assessed as being at risk due to difficulty swallowing. Their risk assessment stated staff should encourage them to chew and ensure they didn't get distracted; however, they mostly ate in their room alone. Staff explained they regularly checked on the person, but this had not been identified in the risk assessment as a suitable way to keep the person safe. Following the inspection, the manager confirmed the person had been reassessed by a Speech and Language therapist who was happy with the actions staff were taking to keep people safe. Their care plans and risk assessments were in the process of being updated.

The provider had not always ensured staff had the correct information to mitigate risks to people using the service. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they felt safe. People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. One person told us, "If I'm struggling, there's always someone there and that's reassuring."

People told us they felt there was always enough competent staff on duty to meet their needs and keep them safe. Staff were not rushed during our inspection and acted quickly to support people when requests were made. Staff confirmed they felt there were sufficient numbers of staff on duty to support people.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. When people had accidents, incidents or near misses these were recorded clearly but there was no opportunity for staff members or the manager to reflect on the incident and identify how to reduce the likelihood of the incident reoccurring. By the second day of the inspection, the manager had begun to update the incident form so this information could be captured and acted upon.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. One staff member explained, "I always double and triple check medicines. I think it's one of the most important things to get right." Staff were knowledgeable with regards to people's individual needs related to medicines. One person had been prescribed a medicine to help them remain calm if they became anxious. There was a clear protocol in place for staff to follow before administering the medicine. This included alternative ways staff could support the person to calm down and required staff to seek permission from a senior staff member before administering the medicine. The manager explained this was to ensure the medicine was not relied upon by staff members and so they could assure themselves it was only used as a last option. The person's notes described how they were recently supported to go out for a drive when they had become anxious and this had helped them become calm again. The person confirmed, "The staff calm me down if I need them to."

The service had recently had a fire risk assessment carried out by an external company and the manager told us they were in the process of ensuring any recommended actions were completed. In addition they carried out regular tests and checks of fire alarms, emergency lighting and firefighting equipment. People had personal emergency evacuation plans (PEEPs) in place to help emergency services understand people's needs, if they needed to be evacuated in an emergency.

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood which people lacked the capacity to make certain decisions, but these were not supported by mental capacity assessments. For example, some people were supported to manage their money by staff members. However, records did not show why this arrangement had been put in place, who had agreed to it and what other, less restrictive, alternatives had been tried or considered. This meant the person's rights may not have been protected. A relative confirmed they felt decisions made on behalf of their family member were always in the person's best interest.

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). The registered manager had applied for DoLS on behalf of some people. However other people, who had been assessed as needing constant supervision to leave the service safely, had not had DoLS applications made on their behalf. Records did not show how the decision that it was unsafe for them to go out alone had been made, who had been involved in the decisions and what alternatives had been considered. This meant people's rights may not have been respected.

Decisions were made for people without clear evidence that they could not make the decision for themselves. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans reminded staff to always seek consent from people and staff confirmed they did this before commencing any care tasks. However, people's records did not always reflect the fact they had given consent to the way they had their support provided, for example one person's care plan stated, "[...] is allowed one (alcoholic) drink of his choice." The manager told us these decisions had been made by the people involved to help them to maintain their health. They told us they would update the care plan to make this clear.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs.

New members of staff completed an induction programme, which included being taken through the home's policies and procedures and training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Staff told us this gave them confidence and helped enable them to follow best practice and effectively meet people's needs. However, one staff member told us, "It's a slow process trying to read all the care plans." The manager told us they were updating the induction procedure and would allocate time specifically for new staff to read people's care plans and risk assessments. The manager was aware of Care

Certificate. The Care Certificate has been introduced to train all staff new to care to nationally agreed level. The manager told us they would implement this with any new staff who had not worked in care previously.

On-going training was planned to support staffs' continued learning and was updated when required. The manager had a clear vision of which training needed updating. This included core training required by the service as well as specific training to meet people's individual needs, such as drug and alcohol training and diabetes training. A staff member confirmed, "If there's a new need, possibly because of a new resident, we will source the training and information so we know how to support them." Staff told us they had the training and skills they needed to meet people's needs. Comments included, "It's good to refresh, especially in those areas we don't use a lot, like first aid." Staff also told us they had the opportunity to learn from more experienced staff members.

Staff had not received formal training regarding acquired brain injuries but had regular in house training from experienced staff members. For example, a senior staff member told us they were going to take time with a new staff member to provide some detailed information about the brain in order to give them some insight into brain injuries. The manager told us they were sourcing training from an external provider to update their knowledge.

Staff told us they felt well supported in their roles. The PIR detailed, "All staff undergo regular supervision and support via one to ones, annual appraisals and have access to clinical supervision with a Clinical Psychologist, either individually or group sessions" One staff member confirmed, "I have had support through all the levels of my career."

People were encouraged to say what foods they wished to have made available to them and when and where they would like to eat and drink. A recent residents' meeting was used to discuss people's meal preferences so they could be incorporated into the menu. A staff member told us, "If people don't want what's on the menu, they have something else. The menu's well balanced and the portion sizes are right for people's needs. There's fresh fruit available too." One person confirmed, "You can add things to the shopping list and suggest meals too. It's a varied diet."

The staff were all aware of people's dietary needs and preferences. Care records highlighted where risks with eating and drinking had been identified. For example, one person had a food allergy. There were clear controls in place to help ensure the person's food did not come into contact with any gluten. Their food was kept separately from other food and was prepared in a separate area. Staff members all understood these procedures and the importance of following them.

People's health care needs were monitored and records of care offered to people were completed thoroughly and accurately. This helped ensure any concerns or changes could be easily identified. Any changes in their health or well-being prompted a referral to their GP or other health care professionals. A staff member confirmed, "Professionals are always contacted promptly." When people had attended medical appointments, staff recorded outcomes thoroughly to ensure information was shared and understood by all staff members. People had a hospital passport in place to help ensure their needs were known, if they needed to be admitted to hospital.

Is the service caring?

Our findings

People told us they were happy with the care they received. Comments included, "I'm well looked after " and "They're lovely staff" Compliments received by the service stated, "To have such good care for [...] from all of you is overwhelming" and "The house looks so cosy, just what we wanted for [...]" Relatives told us, "They're very good to [...]. They're so nice" and "I haven't got anything bad to say about the staff. They're wonderful." A social care professional confirmed they found staff to be kind and respectful.

Staff members spoke about people in a caring way describing people as "lovely" and "a delight to work with." They also showed concern for people's wellbeing in a meaningful way and responded to their needs quickly. One staff member told us, "If I can help someone have a good day, I go home happy. It's all about the other person. It's very person centred here. It's their home."

We saw staff interact with people in a supportive manner and take a genuine interest in people and their life. One staff member told us, "We have time to go in and ask if people are OK, if there's anything they need and if they'd be happy for us to sit and have a chat." Another staff member told us, "We try to be like a family and make people feel respected and wanted. At Christmas, we all go out as one, staff and residents."

People received care and support from staff who had got to know them well. They were able to tell us about individuals likes and dislikes, which matched what people told us. A new staff member was able to tell us detailed information about the needs and preferences of people they had met during their induction. Another staff member described one person's routine regarding exactly how they liked their bedding when they were in bed.

The PIR stated, "We are aware that our clients have given up a good deal of their independence in entering a group living situation. We regard it as all the more important to foster our client's opportunities to think and act without reference to another person." A staff member explained, "We're trying to build on and maintain people's skills. Sometimes that means re-teaching skills that people have lost." This was often done by people sharing tasks and activities with staff members. One person told us how they were supported by staff to change their bedding and tidy their bedroom explaining, "My room's spotless. I do half of it and the staff do half."

Staff also helped people develop the physical and cognitive tools to become completely independent in certain activities. One person explained how staff had suggested they use a memory board so they didn't forget things. They told us, "It's helped me know what I'm doing every week. I don't have to keep checking with people what's happening." The manager also described how one person had been supported to go into the community independently. When the person and staff had identified this was not working as planned for the person, they were provided with support in the community again and staff worked with them to help develop the right skills to maintain their independence safely. A social care professional confirmed one person living at Arguam House was now able to manage most aspects of their life entirely independently due to the support they had received from staff. They told us this had been planned and managed effectively to help ensure success for the person.

The PIR stated, "All staff treat residents with dignity and respect and all residents' needs are supported in a respectful manner." Staff informed us of various ways people were supported to have the privacy they needed. For example, one staff member commented how they would place towels over laps, close curtains and doors, and do whatever they could to make the person feel comfortable. Another staff member explained, "We use language that doesn't create embarrassment when providing personal care." They explained how they would tailor this to each individual's preferences.

People were given information and explanations about their treatment and support when they needed them so they could be involved in making decisions about their care. For example, one staff member told us, "We always explain anything that's about to happen so there's no shock." People told us, staff listened to them and took appropriate action to respect their wishes. One person explained, "They would definitely listen if I suggested things."

People's end of life wishes were discussed with them and, where possible, documented as part of their care plan.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person explained, "Without the rehabilitation I've got here, I wouldn't have come as far. Friends and family have noticed considerable improvements in me." A relative added, "I don't think the staff could do any more."

Care plans included people's specific wishes about how they chose, preferred and needed to be supported. They included clear detail about people's routines but did not always include information about people's backgrounds or their likes and dislikes. By the second day of the inspection a senior staff member had started to add this information to people's care plans. Staff told us they involved people in developing their care plans so care and support could be provided in line with their wishes.

People's needs were reviewed regularly and as required. Where necessary health and social care professionals were involved. Support plans were also reviewed and updated regularly to help ensure people's needs and wishes were being met. There were a range of communication records in place which helped staff members remain up to date with people's changing needs; for example, handover between staff at the start of each shift ensured that important information about each person was shared.

People were empowered to make choices and have as much control and independence as possible. One person confirmed, "I chose to change rooms recently to get more peace and quiet." One staff member told us, "It's about their needs not our needs." Staff members were able to give us examples of what decisions people were able to make for themselves and which they needed support with. Residents meetings were held to help ensure people's views were shared and acted upon. The manager told us that via these meetings, residents had input into what menus and activities were planned. Minutes of a recent meeting showed people had shown interest in having a greenhouse in the garden in order to grow plants and vegetables. The manager had sourced a greenhouse and it was in the garden waiting to be erected.

People told us they were able to maintain relationships with those who mattered to them. A staff member told us they had been supporting one person to regain contact with friends they used to enjoy spending time with. Another staff member confirmed, "Families are welcome any time." A relative explained, "The staff ring us to update us about everything and when I phone, they always ask if I'd like to talk to [...]."

People made their own choices about how and where they spent their time. The PIR stated that the service aimed to provide, "A consistent and stimulating environment to ensure that people are able to achieve and maintain the optimum level of physical, emotional, cognitive and social independence." One staff member told us, "Some people don't like to do many activities and other people only like to plan on the day. We initiate going out. I think people are content with what activities they do." In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. One person confirmed, "I play dominoes and I spend time with staff doing Lego." Another person told us staff had asked them what they enjoyed doing and they were going to be involved in maintaining the garden, as this was their interest. A staff member told us that when people couldn't take part in their preferred hobbies any more, staff found alternatives that used similar skills to try to maintain the person's interest.

The service had a policy and procedure in place for dealing with any concerns or complaints. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. No complaints had been received by the service since its registration. A staff member told us, "We always say to people to tell us if there's something wrong. They will usually come to us. We're their first port of call." One person confirmed, "If I did have a problem I can bring things up."

Is the service well-led?

Our findings

The service was not always well led.

The registered manager and clinical lead carried out spot checks of the records held in the service in order to assure themselves of the quality of the service. Information was used to aid learning and drive improvement across the service. However, there was no planned, recorded approach to which records were checked and what standards they were expected to meet. This meant the gaps in records identified during the inspection, such as negative results from recruitment checks and mental capacity assessments not being in place, had not been highlighted by internal quality assurance activities.

There were not robust systems in place to identify where quality and safety were being compromised. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us they, and senior staff kept up to date with best practice by regularly communicating with clinical staff from the services sister home.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Annual quality assurance questionnaires were distributed and recent questionnaires had returned positive results and comments about the service. The manager and staff also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service.

The registered manager who was also the provider, took an active role within the running of the home and had good knowledge of the staff and the people who lived there. They were supported by a clinical lead. There was also a manager and a deputy manager in place, who were responsible for the day to day running of the service. Staff were positive about how the service was run. One staff member told us, "The manager does an amazing job" and a relative said, "I find the manager very nice." The manager and staff team had regular contact with the registered manager and clinical lead who visited the service regularly which enabled them to have an overview of the quality of the service. One member of staff confirmed, "The manager openly discusses things and we regularly see the registered manager and clinical lead too."

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "I'm passionate about the work. I love it." A relative added, "The staff always seem happy and to enjoy their work."

The PIR stated, "We want everything we do at Arguam House to be driven by the needs, abilities and aspirations of our clients, not by what staff, management or any other group would desire." The registered manager added, "I want the people living here to have the same sort of things I would have at home." Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people.

Comments included, "We don't want people to feel like it's not their home" and "It's lovely here. It's the atmosphere. It's homely and friendly." People confirmed they felt the service provided a homely atmosphere. One person told us, "It's a nice place to live."

People and staff described the management of the home to be approachable, open and supportive. Staff comments included, "The manager has an open door policy", "The manager keeps us well informed of any changes we need to know about" and "The manager is very approachable." People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. A relative also confirmed, "I'd be happy to talk to the manager about any concerns I had."

Staff told us they were encouraged and challenged to find creative ways to enhance the service. One staff member told us, "I suggested that one person might find it easier to eat healthily if they had a snack box that they filled daily with healthier things to eat. They do this now and it's helped with their healthy eating."

Staff told us they were encouraged and supported to question practice and action had been taken. One staff member told us they felt confident to raise any concerns they had and that staff meetings were sometimes used for discussing concerns as a staff team, to find a solution. Another staff member confirmed, "Yes, we can make suggestions. Especially in our staff meetings. We go through all the residents. We can raise any concerns we have immediately."

People benefited from staff that understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

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 11 HSCA RA Regulations 2014 Need for consent The provider had not always acted in accordance with the Mental Capacity Act 2005 (MCA).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Information was not always available to staff to help ensure people were protected from the risks associated with their care and health conditions.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured robust systems and processes were in place to help monitor the quality of care people received.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not always risk assessed the results of recruitment checks to help ensure staff members were safe to work with vulnerable adults.

