

Southern Health NHS Foundation Trust

House 2 Slade 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 we carried out at House 2 Slade House on 31 August and 1 September 2016 was announced. The provider was informed about our visit 48 hours in advance. It was a full comprehensive inspection which was also a follow-up to our previous visit in August 2015. House 2 Slade House is registered as a care home offering nursing services and support for up to six people with learning disabilities. There were five people at the service on the day of the inspection. The long-term goal of the service is to enable people to live safely in their communities.

At the last inspection carried out on 6 and 14 August 2015 we found three breaches of the regulations. Staff had not received supervision and appraisal support, and the provider had failed to notify the Care Quality Commission (CQC) of incidents. The service did not have an effective system in place to assess, monitor and improve the quality and safety of the services provided. At this inspection we aimed to see what measures had been taken to ensure the quality of the service had improved and check if these measures had been effective. The provider had told us that all the corrective actions specified in their action plans would have been implemented by the end of March 2016. During our inspection on 31 August and 1 September 2016 we found that not all of the recommended actions had been completed.

At the time of our inspection we noted that the service had not had a registered manager in post for the last two months. The acting manager of the service told us they were not going to become registered. 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.

During this inspection carried out in August 2016 we found risks associated with people's behaviour, identified in risk summaries were not always followed by appropriate risk assessment and management plans. As a result, the service was unable to ensure people received care and support which kept them safe.

Staff shortages were covered by staff from another location of the same provider. Staff from the other location told us they did not always have the time to familiarise themselves with people's risk assessments and care plans. As a result, the service failed to ensure that all staff were aware of people's needs.

Checks on fire alarms and emergency lighting had not been completed in accordance with the provider's policy. However, the clinical manager took immediate action to conduct these checks on the day of the inspection and told us they would continue to do so regularly in the future.

Staff received regular supervisions and appraisals. However, some of the staff members did not always find supervisions meaningful and informative. Appraisal documents were incomplete and failed to identify any goals or areas for staff development.

The service had a complaints procedure in place. However, on the first day of our inspection we noticed the policy was not displayed and provided for people to know how to raise a complaint. People had been given opportunity to participate in a survey on the quality of service, but we were unable to see how their feedback affected service delivery.

The provider failed to put effective systems into effect to assess, monitor and improve the quality and safety of the service. Audits undertaken had not identified the issues relating to a lack of risk assessments, health and safety checks, and appraisal records that we found during the inspection.

Records kept by the service were not always available, accurate or complete. Staff's morale was very low as staff felt devalued and unsupported by the service provider.

Relatives felt their family members were safe and staff knew how to identify different types of abuse as well as who to report concerns to.

People received their medicines safely and staff had been trained to administer medicines in line with the home's policies and procedures. Staff's competence was reviewed regularly to ensure safe administration of medicines.

There were sufficient numbers of staff on duty to meet the needs of people who use the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks in the course of the recruitment process. The checks included evidence of identity, criminal record checks, references and employment history.

Staff were suitably qualified and competent in their roles and people confirmed this. Staff received appropriate induction and a range of further training.

People were actively involved in making decisions about their care and support needs. People also decided how they wanted to spend their day. Staff demonstrated understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a balanced diet and to access healthcare services when required. Staff treated people with dignity, kindness and consideration. People's privacy was respected and people were involved in making day-to-day decisions about the support they received.

Interactions between people and staff were positive. People responded well to staff and felt comfortable and relaxed in the presence of staff members. People were encouraged to take part in the activities they enjoyed and supported to be as independent as possible.

We found multiple breaches of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 18 CQC (Registration) Regulations 2009. You can see what action we have advised the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risks identified had not always been assessed and followed by appropriate risk assessments.

Testing of fire equipment had not always been carried out in accordance with the provider's policy.

There were sufficient staff on duty to meet people's needs and the provider followed safe recruitment practices.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

Requires Improvement ●

Is the service effective?

Appraisal documents were incomplete and failed to identify any goals or areas for staff development.

People were actively involved in decisions about their care and support needs and the way they preferred to spend their day. Staff demonstrated understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff worked closely with health professionals to ensure people received treatment they needed.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with dignity and their privacy was respected.

Staff were kind and compassionate to people.

Staff kept people informed about their care and gave explanations if needed. As a result, people were aware of all actions related to the support they received and to the functioning of the service.

Good ●

Is the service responsive?

Good ●

The service was not always responsive.

No policy or procedure was displayed for people to learn how to raise a complaint. However, people knew how to complain.

Care plans were accurate and described in detail how people wanted to be cared for and what was important to them.

People were supported to take part in a range of activities they enjoyed.

Is the service well-led?

The service was not always well-led.

Quality monitoring processes were in place and quarterly audits were carried out. However, not all of the processes were effective.

People were involved in developing the service but there was little evidence of people's views on the service being sought and taken into account.

Records relating to the running of the service had not always been completed properly. There were gaps in records.

Staff commented on their morale describing it as poor.

Requires Improvement 

House 2 Slade House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 August and 1 September 2016 and was announced. Due to its small size and the type of the service, the provider was given a 48 hours' notice of the inspection. We needed to make sure that members of the management team would be available and that people who use the service could be contacted in person. The inspection was carried out by two inspectors.

Before the inspection, the provider had completed a Provider Information Return (PIR). This 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 all the information we held about the service. This included any statutory notifications that had been sent to us. We also contacted the local authority responsible for monitoring the quality of the service to seek their views. We used this information to help inform our inspection.

During our inspection we spoke with three people living at the service. We also spoke with the manager, two relatives, three members of staff, a social worker and the clinical manager. We observed staff supporting people in the communal areas. We reviewed care plans for four people, recruitment files for four staff members, staff training and supervision records and other records relating to the management of the service.

Is the service safe?

Our findings

During our previous inspection in August 2015 we found that the registered manager had needed to work long hours as a nurse due to a shortage of staff. This meant the registered manager had been regularly overworking in their effort to ensure continuity of support delivery in the event of staff's sickness and absence. At this inspection in August 2016 we found some improvement had been made, however, the staffing issue had not been fully resolved.

A member of staff told us, "Staffing levels are not always great but it's down to sickness, to be honest." Another staff member suggested, "It would be a good idea to recruit more staff". We were informed by the clinical manager and rota confirmed that when needed, shifts were covered by staff from another service of the same provider. A member of staff from the other service who was covering a shift at House 2 Slade House commented, "I have an impression they are poorly staffed when I come here. When members of staff left, they have not been replaced." We asked that staff member if they were familiar with people's care plans and risk assessments. They said they simply did not have time to read the care plans and risk assessments and their knowledge of people's needs was based on what people told them. The member of staff said, "I do not know about others but I do not have time to read it." One of the relatives told us, "It's not what it used to be. You have new staff, they are unsettling." We saw evidence that on some occasions about half of the staff on duty had actually been staff from another service. Therefore, the provider could not be sure that every member of staff on shift would appropriately respond to people's risks following the provider's risk assessments. This means there was a risk that peoples' and staff's safety could be compromised.

Risks associated with people's behaviour, identified in risk summaries, were not always followed by appropriate risk assessments and risk management plans. For example, a person with a history of a particular challenging behaviour did not have a risk assessment or risk management plan for that behaviour. This meant there was no guidance for staff on how to manage the risk or action to be taken in the event of a person displaying the challenging behaviour. However, we saw some evidence that some of the risks to people's health and welfare were assessed. For example, risks of falls or risks relating to behavioural issues.

The fire detection system and fire extinguishers had not been tested in accordance with the relevant guidance. Fire alarms had been checked by staff regularly until 11 August 2016 and emergency lighting until 27 June 2015. However, these tests were required to be completed weekly and monthly respectively. We were told by staff that some of the records had been recently removed by a fire marshal and this was the reason why we could not find the last entries. We were assured that these entries would be available to us shortly. We gave the provider 48 hours to send us the missing records, however, they eventually failed to provide us with full evidence that fire alarm and emergency lighting checks were carried out regularly.

These concerns were a breach of Regulation 17 of the Health and Social Care 2008 (regulated activity) 2014.

All the people we spoke with told us they were safe. One person told us, "I feel safe here." Another person expressed their opinion saying, "It is a very safe place and you get lots of attention from staff."

People were protected from the risk of abuse because staff knew how to recognise signs of potential abuse and how to report their concerns appropriately. For example, they said they would stay alert to signs of bruising, changes in behaviour or signs of neglect. Staff knew how to escalate concerns about people's safety to the provider and other external agencies. A member of staff told us, "We report safeguarding issues to eliminate any risk of abuse. We inform the manager on call and ensure everything is recorded and reported to the safeguarding team." Training records showed that staff had undertaken or were booked for training in safeguarding people against abuse. All the staff members we spoke with were aware of safeguarding adults and whistle-blowing procedures and felt confident to use these.

There was a process in place to monitor incidents and accidents in order to identify patterns and trends. No incidents had been reported since our last inspection.

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to care for them. All the recruitment files inspected showed that appropriate checks had been carried out before staff were employed. Clearance from the Disclosure and Barring Service (DBS) had been requested. A DBS request enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they were suitable to work with vulnerable adults and children. References had been sought from previous employers and employment histories had been requested. Reasons for any gaps in the employment histories of prospective employees had been explained at job interviews and appropriately recorded in staff files. Background check records and references were stored electronically by the provider's human resources department.

People told us they were supported by staff to take their medicine safely. Staff had received training in safe management of medicines. Staff competence to follow the relevant procedures was assessed on a regular basis to ensure individual practice reflected the provider's policy. Medicine administration records (MAR) we reviewed had been completed accurately.

Some areas of the home, such as the laundry, posed a potential risk to people as harmful chemicals were stored there. The cupboards in which chemicals were kept were protected with a key lock so that people were not exposed to danger. People were encouraged to ask for assistance if they wanted to use the laundry, and were able to access the laundry as they wished.

There were robust contingency plans in place in case of an untoward event. The contingency plans assessed the risk of such events as fire or bad weather conditions.

Is the service effective?

Our findings

At our previous comprehensive inspection in August 2015 we identified a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not always received supervision and appraisal to support their development and ensure they had the ability to carry out their role effectively. At this inspection in August 2016 we found the service had taken action to resolve the concern, however, further improvement was still required.

Records confirmed supervisions were carried out on a regular basis. However, while some members of staff told us they benefited from supervision, others said supervision was not always meaningful to them. One member of staff told us, "Our supervision in terms of quality and quantity is a different matter. Every six weeks is too often and it becomes just ticking the box. I would prefer they were better than frequent." We found records of annual appraisals, however, none of the appraisal documents had been fully completed. For example, some appraisal documents had their front pages completed but the rest of the documents had been left blank. All appraisal documents we looked at did not identify any objectives for staff for the next year. None of the staff files we saw included a completed appraisal document. None of the staff we spoke with were able to recall any objectives established for the next year.

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

People and their relatives told us the service was effective at meeting their needs. Without any exception, people told us they felt that staff were well-trained. One person commented on staff member's skills, "They do a good job and they are very knowledgeable."

All new members of staff completed an induction programme at the commencement of their employment. The induction programme included training in fire safety, control and restraint, safeguarding, epilepsy, domestic violence, and access to a nationally recognised qualification. Staff told us they had also access to further training. For example, one staff member had attained a level two national award in health and safety.

The training matrix and individual records showed what training staff had completed and when they were due for refresher training. Training records were complete and up-to-date. The service used an electronic recording system that highlighted time frames in which training was due for staff and alerted the acting manager. This allowed the acting manager to plan and implement training on time. A staff member told us, "There is always a chance to ask for additional training if you don't feel confident. We are provided with good training opportunities".

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.

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. We noted that care plans contained information about people's mental state and cognition.

Staff had received training regarding the MCA and DoLS and demonstrated a good understanding of the principles of the MCA and how it applied to their work. A member of staff told us, "The MCA is about understanding and assuming that people always have capacity. It has to be applied to every single decision. You cannot assume that if a person lacks capacity in one area they are lacking it in another."

People were supported to access food and drink of their choice. The support varied depending on people's individual choices and circumstances. Some people had specific dietary requirements and their care plans reflected that. People we spoke with were pleased with the support they received. One person said, "I think the food is really nice. They don't give me food I don't eat". Staff told us they were responsible for the preparation and cooking of the meals. Staff encouraged people to assist and join in with such tasks as setting the tables, clearing away and washing up. Staff explained to us that they always remembered to give people the choice of whether they wanted to do so or not.

People were supported to maintain their health and well-being. Staff supported people to access healthcare professionals when they became unwell. In such cases, staff immediately contacted relevant healthcare professionals listed in people's care plans such as their GP, a psychiatry or orthopaedic centre. One person told us, "I can see a doctor when I want to. Staff helps me to sort out my appointments."

People's rooms were personalised, suiting the taste and interests of individuals. People were encouraged to have their own personal items including photographs and memorabilia. Staff used their knowledge of people to support them to have their bedrooms decorated and furnished according to their needs and wishes. People had access to a large communal, safe garden. The communal areas were spacious and attractive.

Is the service caring?

Our findings

People were positive about staff providing them with care and felt they were treated with dignity and respect. One person told us, "I'm happy with people working here. They are listening to me and they always ask me for permission." Another person stated, "The staff are nice and friendly. They give you all the best they can give you." One of the people's relatives told us, "I think they are great." Another person's relative told us, "As far as I know they are very caring."

Staff respected people's privacy and promoted their dignity. A member of staff told us, "Respect and dignity mean confidentiality and treating people as individuals. Everyone has got individual needs. It means to give them an opportunity to talk away from the group". We observed staff knocking on people's doors before entering their rooms and treating people with respect while supporting them. Staff described how they worked to ensure people's privacy and dignity were maintained. For example, staff remembered to make sure the door of a person's room was closed and curtains drawn before they began to support them with personal care.

People and their relatives were consulted and involved in making decisions about people's day-to-day support. One relative of a person told us, "I'm 100% involved. I go to every meeting." Staff explained that they offered choices to people concerning their support and aimed to suit people's wishes and preferences as well as possible. For example, staff offered people a variety of activities to undertake each day. They encouraged people to make their own suggestions. One person told us, "I can make choices. My last choice was to go to London for my birthday." The person emphasized how much they appreciated staff for helping to fulfil their wish. We observed staff giving people time to make decisions about the kind of support they wanted to be provided with. During their interactions with staff people were relaxed, and staff were always patient and kind to them.

The walls of the communal areas were decorated with photographs of people. People had chosen which pictures were to be displayed.

People and staff regularly attended 'house meetings' where people were able to raise and discuss issues. For example, at one meeting people had discussed 'house rules' and had decided to implement these rules. Records of the following meeting showed that people expressed their contentment with the rules as they felt the rules were 'working well'.

Staff were able to tell us about people's likes and dislikes and they demonstrated a good understanding of people's routines and preferences. For example, they told us that some people enjoyed art and craft activities while others preferred to spend their time using a computer console. We saw staff were responsive to people's needs, anticipated situations that may cause people anxiety and responded appropriately.

People's diversity was respected as part of the strong culture of individualised care. Support plans and behaviour support programmes gave detailed descriptions of people. Care plans included information about people's religion, their preferences, favourite activities, hobbies and the ways they expressed

themselves. Staff also confirmed they had undertaken equality and diversity training which they applied in their day-to-day work.

Staff were aware of their responsibilities in confidentiality and preserved information securely. We saw that records containing people's personal information were kept in the main office which was locked so that only authorised persons could have access to the records. People knew where their information was stored and they were able to access it with the assistance of staff. Some personal information was stored on a password protected computer.

Is the service responsive?

Our findings

People told us they were pleased with the care and support provided by staff. One person said, "I really like being here. I know the staff and they know how to address my needs." The social worker visiting the home on the day of the inspection praised the service for its responsiveness. The social worker told us, "People have access to all professionals. When a person moves to the community, we will know what support they need. It is fantastic. The transformation of one person here has been really rewarding."

Pre-admission assessments were in place and the service used them as a basis to develop care plans. The care plans were person-centred and showed people were involved in shaping their care. People had stated their goals and aspirations and described in detail how they were going to achieve them. The care plans clearly described the person, their tastes, their preferences, and how they wanted to be supported. For example, one of the care plans described a person's greatest hobby, canoeing. Having been provided with this information, staff knew that the person's goal was to get a job in a canoe club. With that knowledge and guidance on how to give help and assistance to the person, staff supported them to achieve that goal.

People's activity plans had been developed to meet the needs, preferences and abilities of the individual. People were supported by staff so that they could participate in the activities they liked and activities new to them. One person told us, "I do canoeing. I've recently moved to a single kayak. I have recently been to a local museum and botanic gardens." Another person informed us that they were involved in carrying out a review of another service. The person said, "I did a peer review of services in [name of the place]. I looked if they used an easy to read format and I looked at the cleanliness of the place. I asked questions to service users and staff and they acted on my comments. They were listening to me." People also told us that they enjoyed art and crafts activities. They were proud to show us pictures they had painted and put on display in their rooms. Other activities offered by the service included gardening, shopping and trips to the local park.

People were enabled to choose their own keyworker who took the lead on overseeing their individual needs. It was evident from staff interactions that the keyworkers were familiar with the needs and preferences of the people they supported. As a result, they identified changes in people's well-being promptly and sought medical assistance or other advice in a timely way.

When people moved between services, for example, if they needed to attend hospital, the acting manager made sure they received consistent individual care. In such cases people were accompanied by support workers and had their 'hospital passports' already prepared. These 'passports' contained all the relevant information required by health professionals, including people's methods of communication and preferences.

Complaints were recorded electronically, investigated and analysed by the provider. There had been no complaints recorded for 2016. Historical complaints had been dealt with in a compassionate and timely manner. We saw there was no policy or procedure displayed at the home for people to see how to raise a complaint. However, the issue was addressed and the policy was clearly displayed in the communal area of the home on the second day of the inspection.

People and their relatives told us they knew how to complain and that any problems they had were always resolved quickly and to their satisfaction. One person said, "I have complained once and they have listened to me." Another person told us, "I do understand the complaint process, everything was explained." A relative of a person told us, "On one occasion I wasn't happy and I went to the [clinical manager]. They have managed to solve the issue to my satisfaction."

Is the service well-led?

Our findings

At our previous comprehensive inspection in August 2015 we identified a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to have an effective system in place to assess, monitor and improve the quality and safety of the service. The provider had not completed the action plan as stated following the last inspection. At this inspection in August 2016 we found the provider had not fully completed the action plan as stated following the last inspection. Some action had been taken, but there were still issues that required improvement.

Regular audits of the service had been introduced and were conducted by staff. The audits were modelled on the five Care Quality Commission (CQC) inspection domains of Safe, Effective, Caring, Responsive and Well-led. However, these audits were not always effective. In the last audit, staff supervision had been rated as compliant and complete. However, this section of the audit had failed to identify any of the issues relating to staff supervision and appraisal we found during this inspection. This audit had not identified the concerns regarding people's risk assessments, either.

Surveys were regularly conducted and were designed to get people's opinions on various aspects of their care and on how they were treated at the service. All the results we saw were positive as all people had said they were happy with the service. People were also encouraged to raise issues and make suggestions in the surveys. Any issues and suggestions were forwarded to the provider where findings of the surveys were analysed. The clinical manager told us the results of the analysis were forwarded to the service together with guidance on required action. The most recent two surveys included people's comments and suggestions on improvement on staffing levels and activities to be offered during 'wet weather'. However, no action had been taken to address these comments and no action plan was in place as a result of these surveys.

Records were not always available, accurate or complete. The clinical manager was uncertain of where documents were located and if the documents still remained on site, therefore was unable to produce all the documentation requested at the inspection. Supervision records and appraisals were not always complete and staff files were inconsistent in their content. For example, some staff files included staff references and others did not. Some staff related records stored dated back to 2007 and were out-of-date or no longer relevant. In another example, we found records of portable appliances testing (PAT) dated up to 2014, however, we were not able to access records of the last PAT test carried out in April 2016.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous comprehensive inspection in August 2015 we had identified a breach of Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents. Statutory notifications had not always been sent by the provider to the CQC. A statutory notification is information regarding specific incidents that have occurred and is required by law to be shared with the commission.

At this inspection in August 2016 we found the provider had failed to notify us on one occasion about

notifiable changes in the management. However, there had been no other incidents within the last year about which the provider had been obliged to notify us.

This was a breach of Regulation 18 CQC (Registration) Regulations 2009.

Staff commented on their morale describing it as poor. One member of staff regularly working in another service of the same provider said, "This unit has been neglected by the provider." The regular staff told us they were uncertain of the future of the service which lowered their spirits and had a negative impact on the running of the service. One member of staff told us, "The leadership is not great. Everything seems to be only a paper activity now". Staff also emphasized lack of response from the provider to their concerns regarding the future of the service. A member of staff told us, "They may be abrupt and dismissive. They don't want to answer any of the difficult questions." Another member of staff complained, "We get an email, every one to two months, which is full of words but no context. They are very evasive. It's quite depressing not knowing what the future holds and that you are working for not caring service." Staff told us they had tried to ask their questions to a representative of the head office who had been invited to one of the team meetings. However, staff felt the member of the head office team had disrespected them as none of their questions had been answered. Instead, staff had been told they could change their jobs. One member of staff indicated the reason for the difficult situation, "Everybody here is coming and wants to support people but it is the top management. Very poor leadership, lack of support, reactive management strategy, primitive behaviour and lacking in compassion."

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

People were complimentary about the acting manager and the clinical manager of the service. One person told us, "I know the managers. They are alright. [Managers] would listen to me if I didn't like something." Some of the staff's and people's relatives' opinions on the management of the service were contradictory. For example, one member of staff said, "We have an interim manager. It feels like they've just filled the gap and it's not necessarily the right person." Another member of staff told us they were happy with the service management as they had granted the member of staff leave when they had been struggling with personal difficulties. One of the people's relatives told us, "I think it's managed extremely well." Another person's relative told us, "It was very much family home before. I do not think the turnover of so many staff was a good idea."

We observed that the management team had an open door policy, people and staff visited the office at various times of the day to ask questions. People and staff told us the management team were accessible and friendly.

There were a range of policies and procedures specifying how the service needed to be run. They were kept up-to-date with new developments in social care. The policies protected staff who wanted to raise concerns regarding the practice within the service. Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they would escalate concerns to the CQC as well as to the local authority. Effective procedures were in place to keep people safe from abuse and mistreatment.

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
Treatment of disease, disorder or injury	The provider was not notifying the CQC of incidents.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have an effective system in place to assess, monitor and improve the quality and safety of the services provided or assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. The provider failed to maintain accurate, complete and up-to-date records in relation the management of the regulated activity. (17) (1) (2) (a) (b) (c) (d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff were not receiving appropriate supervision and appraisal support that met their needs and supported their development. (18) (2) (a)

