Heathfield (Horsham) Limited

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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

Heathfield (Horsham) Limited is a "care home." People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The Heathfield (Horsham) Limited can accommodate up to 36 people. It has two respite beds. Care is provided over two floors. There are communal areas including a dining area and a lounge which led onto a conservatory. There is a large enclosed garden. At the time of our inspection there were 34 people living at the home, one of whom was on respite.

We inspected Heathfield (Horsham) Limited on 6 April 2018. This was an unannounced inspection. We carried out our last comprehensive inspection on 13 May 2015. At this time we rated the service as Good overall, but asked the provider to improve the provision of meaningful activities. At this inspection they had met this requirement. They had employed an activities lead and had arranged visits to local places, including taking people out for a pub lunch and afternoon tea in the local park. They had also made an activities corner, where people could find jigsaws and colouring. The activity lead was in the process of reviewing the activity programme and had sent a survey to people to ask what activities they liked best.

At the time of the inspection a registered manager was not in post. The previous registered manager had not been in post since August 2017. 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. There was a care manager who, at the time of the inspection, had been in post for three weeks. They were planning to register with the CQC to become the new registered manager; however, at the time of our inspection, no application to register had been received.

There were regular Trustee reviews which involved talking to staff and people within the home. The Trustees did act upon concerns raised, but had not addressed the full impact caused by the changes in management. There was also no system of gaining regular feedback from the people, their relatives or the staff through regular meetings with the different groups. The home had audits and quality assurance systems, however, these had failed to consistently drive change or sustain improvements. Risks assessments relating to the individual did not always have sufficient details and this had not been identified by the management team. There were no personal emergency evacuation plans (PEEPs), which could affect people's safety in the event of an emergency. We have made a recommendation in relation to this.

Staff had not received regular supervision or appraisals. However, they continued to receive regular training and were aware of safeguarding principles and the Mental Capacity Act (MCA). The staff were able to talk through how they would overcome barriers to communication, although there was no formal Accessible Information Standard (AIS) in place.

People felt safe within the home. There were personal and environmental risk assessments in place, medicines were administered appropriately and the environment was clean and tidy. The home had a good recruitment process and there was enough staff on duty. Staff reported they felt able to complete their work and knew the people they were looking after. There was a discrimination policy in place and staff told us they treated everyone with the same level of respect. We observed friendly and caring interactions between the people and the staff. There was a formal complaints procedure in place and the people felt able to voice their concerns.

People's care needs were recorded clearly in care plans. These included details of the person, their family history and likes and dislikes. People reported they were happy at the home. The home worked closely with other health care professionals to ensure everyone's medical and nursing needs were supported. Attention was given to treating the person as an individual and choices were offered and consent gained. People enjoyed the food. The home had aids and supports to help people remain independent. People liked the garden, which had railings to make it easy for people to walk around.

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 home was not consistently safe.

Risk assessments were in place, but the personal evacuation plans (PEEPs) had insufficient personal information.

Staff had been trained in safeguarding adults at risk and were aware of how to report signs of abuse and neglect.

Appropriate recruitment systems were in place. Staffing levels were sufficient to meet people's needs.

Medicines were managed and administered safely. The home was clean and staff were aware of appropriate infection control.

Is the service effective?

Requires Improvement

The home was not consistently effective.

Staff received training but did not receive regular supervision and appraisals.

Staff received training, but did not receive regular supervision and appraisals.

People's needs were assessed and they were given choice, for example in regards to food, activities and retaining independence with their medicines. Staff worked within the principles of the Mental Capacity Act 2005.

People were supported to maintain their hydration and nutrition.

People had access to appropriate health care professionals and had appropriate monitoring of their health and wellbeing. The premises were adapted to suit people's needs.

Is the service caring?

Good

The home was caring.

People were treated with kindness and respect.

People were given choices and encouraged to maintain their independence.

People's privacy and dignity was maintained.

Is the service responsive?

Good

The home was responsive.

People's needs were assessed. Care was planned around the individual and staff responded to people's needs.

A range of activities were available. The activity co-ordinator had asked people's preferences in regards to future activities.

There was a complaints procedure in place.

Is the service well-led?

Requires Improvement

The home was not consistently well led.

There was no registered manager in post.

Audits and systems of governance had failed to identify areas of concern and sustain improvement. Formal systems of feedback were not in place.

Staff felt supported in their roles and there was a positive culture.

Heathfield (Horsham) Limited

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.

We inspected Heathfield (Horsham) Limited on 6 April 2018. This was an unannounced inspection. The inspection team included two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before we did the inspection we reviewed information we held about the provider. This included the notifications the provider had sent to us. A notification is information about an important event the provider is required to tell us by law. We also reviewed the information the provider had sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Throughout the day we observed the interactions between staff and people. We spoke with the care manager, the general manager, the deputy manager, three care staff, an agency chef, two visitors and 10 people who use the service. We also spoke with a health care professional and one of the Trustees.

We observed the lunchtime meal and the administration of medicines. We looked at four care plans, four staff recruitment folders and additional files including staff training records, accident/incident reporting and the monthly audits completed by the Trustees.

Requires Improvement

Is the service safe?

Our findings

During the inspection we reviewed both personal and environmental risk assessments. Not all risk assessments had been completed. Personal emergency evacuation plans (PEEPs) were not in place. The home had a chart, which showed by colour coding, the level of help people would need if there was an emergency evacuation of the home. However, this was not person specific and the information was very limited. If there was an emergency and the home had to be evacuated, staff would need to be aware of people's individual needs such as their mobility, any equipment they needed and any specific requirements to evacuate them safely. We raised this with the management of the home who agreed that the PEEPs should be reviewed and made specific to each individual. The above demonstrates that there was a potential risk to people who use services, as emergency evacuation information was not detailed enough to ensure people's safety.

We recommend that the service consider updating their personal emergency evacuation plans (PEEPs) making them more person specific, so that people stay safe.
Other risk assessments were in place. These were relevant and based around the individual. These included assessments on mobility, nutrition, continence and medication. Appropriate environmental checks had gone ahead and the home employed a maintenance person. This person kept clear records of maintenance and the environment and completed any repairs promptly.

The home had a safe guarding policy and there was written information available to staff, people and visitors. Staff were trained in safe guarding on an annual basis. The staff we spoke with were able to recognise signs of abuse and to report any concerns they had. They recognised the need to ensure people's safety and felt the home was able to achieve this. One staff member stated, "100% they are safe." This feeling was echoed by the people we spoke with within the home. One person told us "Yes, I feel safe, no problems at all."

People told to us that there were enough staff available throughout the day and night. One person commented, "There is no shortage of staff. They always cope. " Another person said, "If you ring your bell, especially at night, they respond very quickly." There were sufficient staff on duty when we visited and they told us they were able to take breaks during the day. The staff we spoke with agreed there were enough staff available. During periods of sickness and annual leave the home used agency staff. The management tried to use regular agency staff, so they were familiar with the home, to reduce disruption and provide continuity of care. The home checked the profiles of any agency staff they used to ensure they were suitable to work within the home.

The recruitment records had the required information in them and the relevant checks had been made prior to employment. For example, employment history had been sought, references obtained and checks had been made to ensure people were suitable to work in a care setting. There were clear policies regarding staff conduct and there was a disciplinary policy.

Staff had received training in the administration of medicines and there was a weekly audit to monitor and

review any errors. People told us they received their medicines at the correct times. We observed a medicine round. The medicines were given out individually. On each drug chart it specified people's preferences in regards to taking their medicines. For example, it stated if people would prefer to have the medicines given to them in private. They also specified if the person would prefer the medicines in a pot or straight into their hand. People were able to keep and take their own medicines if they preferred and it was safe for them to do so. Medicines were stored securely and appropriately. The medicines trolley was clean and tidy, with each person's drugs stored separately for ease of use. Similarly the controlled drugs were kept securely and were checked at appropriate intervals.

The environment was clean and hygienic. People told us, "It's always clean in here" and "It's always clean in my room, including the toilet." There was an infection control policy in place. Personal protective equipment (PPE) such as aprons and gloves were readily available. The staff were knowledgeable about infection control measures and about the safe disposal of waste. The home had a flu outbreak in the winter of 2018 and had sought the advice of the local GP service. They had followed the advice offered and had closed their doors to limit the spread of the infection, as directed.

Appropriate records were kept about any accidents or incidents. The provider ensured that any lessons learned were passed on to all staff working in the home. The details were recorded and any on-going risks were identified. After one incident there was a reminder to staff to use foot plates on wheelchairs. The staff also commented on the need to look for any trends to reduce any on-going risk.

Requires Improvement

Is the service effective?

Our findings

People were confident that the staff were able to provide effective care that met their needs. One person commented, "The staff are well trained. They always do their best," whilst another commented, "Staff seem to know their duties well." However, despite the positive feedback we found areas of practice that need improvement.

Supervision and appraisals were not taking place. Supervision is when staff meet individually with their manager. It provides staff with one to one support and enables them to voice any concerns they may have. Working in the care industry can be both emotionally and physically challenging and support offered in supervision has been shown to improve job satisfaction and help with staff retention. Management and staff confirmed that supervisions were out of date and were not being done at the time of the inspection. The documentation we saw supported this. This has been identified as an area of practice that needs to be improved. We were satisfied that there were informal systems in place to ensure that the staff working in the home felt supported and were able to raise any concerns with the management of the home, as and when needed.

There was a system in place for staff training. Staff were informed of mandatory training and offered a choice of two days to enable good attendance. Training included first aid at work, administration of medicines and infection control, food hygiene and people handling and hoist training. Staff were complimentary about the training they had received. This was felt to cover all the mandatory topics with one member of staff telling us, "Sometimes I feel that we don't need as much as we get." There was an induction period for new members of staff. One staff member described a three-week period of shadowing other care staff. After this they were assessed on topics like moving and handling, using the hoist and administering medicines, to confirm competency.

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 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 the care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Everyone within the home was assessed as having capacity and there was no one subject to a DoLS at the time of inspection. The managers were aware of the requirement of the MCA and were also aware of how to apply for a DoLS if it became necessary. The staff we spoke to had received training on the MCA and were able to list some of the key principles of the legislation. During our observations people were treated with courtesy and respect. We saw people being consulted and offered choice and were aware that staff sought consent from each person as appropriate. One person commented "They do gain our consent when dealing with us."

People's needs were assessed prior to entering the home. The staff reviewed them to ensure that the service

was able to meet their care needs. If it was felt their care needs were too great for the service the person would be informed. This meant they could choose another service more adapted to their needs. We asked a health care professional about the assessment of care and the home's ability to meet the needs of the people, who stated they "don't overstep the mark."

The staff were able to talk about the principles of equality and diversity. The Equality Act 2010 covers the same groups that were protected by existing equality legislation prior to 2010 – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called 'protected characteristics.' The staff all felt that people should be treated equally. One staff member stated that "everything would be respected, whatever." The people recognised this attitude with one person telling us, "We feel we get respect from staff" and another stating, "Respect is exercised by all." People were given a copy of the home's discrimination policy when they first moved in.

People had access to health care professionals when appropriate. One person told us, "If they think you need to see the GP, someone just appears." During the inspection we saw one person being reviewed by a visiting health care professional. The staff were seen to follow the advice given regarding the care of the person reviewed. We also saw a person being taken to a GP appointment. They explained that they went to the GP twice a week and were escorted by the care staff. The staff worked effectively with other organisations. They had regular contact with local health care professionals, including the local GPs, domiciliary dentists, opticians, chiropodists and the palliative care team.

People were complimentary about the food. They were given their breakfast in bed but received their main meals in the dining area. They were offered a choice of two main options, but could choose an alternative on the day if they wanted. The agency chef informed us, "I have a list of likes and dislikes and allergies." One person told us, "You can have an alternative if you don't like what's on the menu." We saw one person ask for an alternative prior to lunch, as they no longer felt like the food they had ordered. On their request they received sandwiches instead. People also commented favourably on the quality of the food saying, "Food is great. I've never left anything on my plate" and "The food is marvellous…It's always nicely done and presented with laid tables." We observed the lunchtime meal. Most people ate this within the dining area and the meal was a social occasion. We observed people laughing and chatting together. It was delivered in an unrushed manner and the people enjoyed the food. The staff helped people as necessary, for example, by cutting up their food and offered choices, such as different sauces with their meal.

People's care was assisted by the design and adaptation of the premises. The accommodation was on two floors and there was a passenger lift. There was a large lounge, conservatory and dining area. There was enough space for ease of movement with one person saying there was "No problem getting around the property with a walker." There was also a well-appointed garden. This had well maintained paths and had sufficient railings to ensure ease of access. The home also had call bell pendants available for when people went into the garden. This would enable them to call for help if required. One person told us "Yes, it's a very safe place, even in the garden." There were also aids and hoists in place to help with mobility needs. One person also commented about how they could make their rooms more personal, saying "They are quite happy for you to have your own things in your room."

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by the staff. One person told us, "We are extremely well cared for and looked after…People feel the staff are very friendly and that there is a caring nature in this place." The sense that staff cared was echoed by many of the people we spoke with. Another person described the staff as "definitely 100%," whilst another commented, "All the staff are so friendly – treat them as friends." The agency chef commented "The regular staff do care about this place, the instructions left are superb/fool proof."

The staff took pride in the caring nature of the home. When asked what was the best thing about the home they commented about the atmosphere. One said the best thing they did was "making residents feel this is their home." Another stated, "I know them. They are like my family. " The visiting health care professional, when asked about the staff told us, "Their hearts in the right place. "

We observed that the staff cared for people in a friendly and unrushed manner. One of the visitors commented, "It always seems quite calm in here." Giving people enough time was also important to the staff. One staff member commented, "This is their home, don't want them to feel pressurised or rushed." The staff called people by their preferred name and did know details about each individual person. The people we saw were well dressed and groomed and one person told us how two members of staff helped her with her morning shower. Events and special occasions were celebrated, one visitor told us about a recent 100th birthday party. However, people also told us that sometimes it was the little things the staff did which made a big difference. One told us "Even at four in the morning, the staff will make me a cup of tea," whilst another commented "They would do anything for you."

The care of people also extended to their family and friends. Visitors were made to feel welcome. One visitor remarked, "Staff are very friendly, lovely with the residents. I'm made to feel very welcome. " Another person commented, "They, (family) are always made to feel welcome and would be given a meal, if they are here at that time." People also told us that visitors were free to visit when they wanted, with one person commenting, "It's open house for the visitors."

When people arrived at the home they were given a resident's manual. Within this was a copy of the discrimination policy. One person told us, "They definitely do treat us all with respect." People were helped to maintain their faith, if that was what they wanted. People were also free to make their own choices. One person commented "I am able to have a cigarette when I want." We also saw people making choices about their meals, their daily routines and whether they participated in the planned activities or preferred to do something else.

People were also encouraged to maintain their independence, as far as possible. One person stated, "You can get a certain amount of independence, like going out, if they believe you can be safe." We saw people coming and going on the day of our inspection and people commented on the free access to the garden. This sense of independence was reflected in what people told us. One person told us he had been planning on going out for lunch on the day of the inspection. Another said "There is total freedom to go out here."

When asked about promoting independence the manager stated, "We really want them (the staff) to support them to remain like that."

People were treated with dignity and their privacy was maintained. The staff described how they helped people during personal care with dignity in mind. We saw staff ensuring people were covered up when helping them to move. We also observed people knocking on doors before entering rooms. One member of staff commented, "Don't barge into rooms, knock first."

Good

Is the service responsive?

Our findings

At the last inspection on 13 May 2015 the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was because concerns were raised regarding the provision of meaningful activities. After the inspection the provider advised us of the how they would meet the legal requirements. Improvements had been made and the provider was now meeting the legal requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection the home had employed an activity coordinator. They had an area in the lounge with activities laid out including colouring books and puzzles. We saw people enjoying the colouring, comparing their work and complimenting each other. The home also had an activities rota in place and had organised recent visits and events. Some recent examples were a visit to the local park for tea and an "Active Minds" activity based on the sense of touch and smell. The monthly rota also mentioned movies, movement to music and bingo. On the day of the inspection there was a visiting entertainer and we saw people enjoying watching them. When asked about the activities one person told us, "There is always something to do; the programme of activities is quite varied." Another person said, "There is always enough to do here. They do their best to entertain us. " People who did not want to take part in the activities were able to do their own thing. One person told us "I can entertain myself in my room, watching TV." The home was seeking feedback about the activity programme. They had recently sent each person a simple survey asking if they would like more in-house entertainment, more local visits or visits to places of interest. They were in the process of collecting all the replies and were intending to use the information to plan future events.

People's individual needs were assessed and there were care plans in place. These detailed the level of help and support each person required and contained details about monitoring their wellbeing. There were relevant risk assessments in place, for example a Waterlow score which assesses the risk of the individual developing pressure damage and a specific night time care plan aimed at reducing risk of falls and injury during the night. Monitoring of a person's weight, oxygen saturations and blood pressure were completed according to a person's individual needs. The care plans covered a range of needs from physical to spiritual. In the care plans there was evidence that the individual person had helped in writing the plan. The care plans also contained evidence of choice. One example was a record within a care plan that the person had not wanted to discuss their life history. Other records included detailed information about people's personal lives, including occupation, hobbies and musical preferences. The importance of maintaining independence was also recognised. One example of this was a care plan regarding a person being responsible for their own medication, detailing the help they would require from the staff to maintain that independence. People expressed satisfaction with the care they received. One person told us "I do feel I get the care I need here". There was also evidence that the plans of care were followed, for example with visits from the local churches to support people's expressed spiritual needs.

The care plans had been regularly reviewed and updated. The staff we spoke to felt the care plans were relevant and told us they read them to stay up to date with any changes. The staff were able to tell us specific things about individual people, including their family history and their individual likes and dislikes. One staff member commented, when asked about the delivery of personal care, "got to get into their world."

Another told us of the importance of making care personal, stating "Tiny things makes the big things better." People we spoke to also felt they received personal care with one person saying, "They are very accommodating, they look after you as an individual." They also had regular handovers between staff and kept records of daily activities. People told us that staff kept an eye on their health and wellbeing. One person commented, "They are always asking how you are."

From 1 August 2016 all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. The staff commented about how they would make information more accessible according to an individual's needs. For example one person had hearing loss and they were able to describe simple strategies they used to promote his hearing. These included asking more direct questions, adapting the tone of voice, maintaining eye contact and the use of repetition to ensure to ensure understanding. However, there was no policy, procedures or training around AIS. We recommend that the provider obtains information, sources training and implements policies and procedure in relation to compliance with AIS.

The home used technology to help people receive timely care and support. The home had updated the call bell system, although this was still under review. They had also installed WIFI connection so people could access the internet if they wanted to.

When people came to live in the home they were sent details on how to complain. There was a complaints procedure in place. The home had not received any complaints. One person told us they had "No reason to have a grumble and I don't know anyone here who has." When asked, the people stated they felt able to voice any concerns. One person told us, "No, I've no complaints, but I do know how to go about raising one," whilst another said "If you have a problem just go to the staff and they will sort it out."

The home did provide end of life care to people. The home accessed the support of the district nursing team, the local hospice and the community palliative care team as required. Within the care plans there was also evidence of advance care planning to ensure that people's needs were anticipated, as they approached the end of their lives.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the home did not have a registered manager in post. The previous registered manager had left in August 2017 and the home had been without a registered manager for approximately eight months. The home had informed us when the last manager left. Day to day management of the service was carried out by the care manager, alongside the general manager, with support from the Trustees. The care manager had been in post for approximately three weeks at the time of the inspection. It was their intention to register with the CQC to become the new Registered Manager.

From our conversations it was clear that the time without stable management had impacted on the staff and the development of the home. One staff member referred to this time as a "bit of upheaval" and another described the time since the departure of the registered manager as a "turbulent time." The same sentiments were echoed by one of the people who told us, "The permanent staff went through turbulent times." The visiting health care professional felt that the time without a registered manager had impacted on the functioning of the home, stating the staff had been "a bit lost and needed direction." The Trustee also recognised that the routine running of the home had been affected during this period, commenting, "The new management team are putting a lot of work in. There were things that weren't being done around auditing, but that is all in place now. " At the time of the inspection there was a sense of optimism about the recent change in management. People and staff told us they felt the home was well led and they liked the new management. One person told us, "Overall, I'm perfectly satisfied," whilst another told us, "If I had a wish for anything better, there is nothing." When asked about the new management team one person told us, "The management is very helpful" and another commented, "The overall manager is new, but she is kind and efficient." The staff we spoke to felt that things were due to change for the better. One staff member stated morale was, "a lot improved" and "all pulling now nicely." Another commented, "It's much, much better, on the up and confident it will stay on the up." The new manager had decided to use the office at the front of the home so that they were in the centre of things. They wanted to adopt an "open door policy" and commented, "I don't want to be somebody they wouldn't go to." The staff felt confident that the new manager had the relevant experience to drive change.

There were some systems of audit and governance in place. These included the medicine audit, the risk assessments and care plans and monthly committee meeting with the Trustees. The Trustees also took turns to review the home on a weekly basis. These reviews involved talking to a one of the people within the home and a member of staff. The staff reported that they found these helpful. One staff member told us it was a "good thing to have someone independent." The interviews identified some areas which required improvement. During these reviews one person had mentioned the heating in the bathroom. The person had reported feeling cold when washing. The staff were consequently looking into ways to improve the heating facilities for the person. One person told us, "The governing group is fully aware of the changes that are needed to the building." Following the staff interviews the Trustees had initiated changes to the mental capacity assessment form, which enabled it to be completed electronically. They were also reviewing the pager system and uniforms after feedback from the staff. However, the management team had not identified that their traffic light system for evacuation had insufficient personal information, which could affect their ability to evacuate the home quickly and safely, in the event of an emergency. At the time of the

inspection we recommended that personal evacuation plans (PEEPs) be established.

Activities that had the potential to drive change and improve the service overall had not happened. People in the home had limited opportunities to provide feedback on the service. The home had not had a residents' meeting since September 2017 and there was no evidence that people had been sent a satisfaction survey about the general running of the home. Residents' meetings and surveys enable people to say what is good about the home and to highlight areas that need improving. It is also a way of giving people a voice and analysis of any feedback can drive improvements. It can also be used as evidence of what the home is doing well. Similarly there was no formal method of encouraging regular feedback from the staff. The last formal meeting for the senior staff was in August 2017. The last meeting with the night staff was in February 2017. Alongside the lack of regular supervisions this could result in the staff being less engaged with the service and not fully aware of any changes to practice, or to the running of the home.

The home communicated with outside agencies. They had a quality visit from the local authority in January 2018. This is when the local authority reviews the systems in place within the home. The service also engaged with the local community, including the local schools and the local churches. On the day of the inspection there was a representative from the local church visiting. She told us, "I'm from the Church and I come in to visit and give Communion to some residents. They do have church services in here and carols at Christmas." They had a local school visit over the Christmas period to sing carols and had two school age volunteers. They had also accommodated people wanting to do work experience in a care setting.

The staff knew about whistle-blowing and felt able to report any concerns they might have regarding the care of people in the home. From conversations with the staff it was clear that they felt able to go to the manager to express their concerns, but also mentioned alternative ways of raising any issues. Having a culture of openness provides better protection for people using health and social care services. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.