Gloucestershire County Council

Wheatridge Court

Inspection report

40 Wheatridge Court
Abbeydale
Gloucester
Gloucestershire
GL4 4AL

Tel: 01452500669
Website: www.gloucestershire.gov.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 31 August and 1 September 2017 and was unannounced. Wheatridge Court is a 30 bedded care home which provides a period of re-enablement to people who have experienced deterioration in their physical and sensory health. Three beds are available for people who require a short respite break. There were 18 people living in the home at the time of our inspection. The aim of the home is to support people to maximise their level of independence by developing new skills before they return to their own home or alternative accommodation. The home is purpose built and is divided into five units. Each person has their own bedroom and toilet/sink facility with lockable doors leading in to the unit or into the grounds of the home. People have access to a shared kitchen, dining and bathroom in each unit.

At our last comprehensive inspection in April 2016, a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) was found in the relation to documentation of people's consent to their care and support. After the inspection, the provider wrote to us to say what they would do to meet legal requirements.

We undertook this full comprehensive inspection to check they had followed their plan and to confirm they now met legal requirements. The provider now met their legal requirements with regards to the above requirements however we have made a further breach of Regulation 17 as effective systems were not in place to check the quality and consistency of the service.

People's care records showed risks to their health and welfare were not always identified and assessed to provide staff with sufficient guidance they needed to support people with their wellbeing or if their health deteriorated. People's medicines were managed safely, although the reasons why some people may require medicines as needed was not always clearly recorded. A comprehensive system was not in place to assess the skills and knowledge of staff who had been trained in the management of people's medicines. We have made a recommendation about the assessment of staff knowledge in the management of people's medicines.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People were supported to achieve their re-enablement goals and plans to return to their home or find alternative accommodation. Some people required support to plan and prepare for their meals and eat a healthy diet or manage their medicines. Most people preferred to spend time in their bedrooms, however plans were in place to hold social events for people to join and engage with others.

People praised the staff and management team. They told us staff were always willing to support them. A new system to deploy staff across the home was being implemented to improve the response time of staff when people called them for assistance.

The provider and registered manager had suitable recruitment systems in place to recruit new staff. Staff felt

trained and supported to carry out their role. Staff had confidence in the registered manager and felt that the management team was supportive and approachable.

People told us they could approach staff and raise their concerns and were confident that any concerns would be dealt with promptly. The registered manager and staff had responded and acted on concerns and accident and incidents

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulation 2009. You can see what actions we told the provider to take at the back of the full version 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?

Requires Improvement

This service was not always safe

People's care records showed risks to their health and welfare were not always identified and assessed.

There were sufficient numbers of staff to support people. The new system to deploy staff across the home was being implemented.

People's medicines were mostly managed well, although the reasons for people to require some medicines were not always recorded. Improvements in the systems to monitor the competencies of staff responsible for managing people's medicines were needed.

Suitable recruitment systems were in place to recruit new staff.

Staff knew how to recognise and report abuse.

Is the service effective?

Good

The service was effective.

Staff felt trained and supported to carry out their role. Staff had a basic understanding of the Mental Capacity Act and applied the principles of the act in their practices. Improvements had been made in the recording of people's mental capacity assessments.

People enjoyed their meals and were supported to eat a healthy diet.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Is the service caring?

Good

The service was caring

People are treated with kindness and compassion in their day-to-day care. People's dignity was maintained at all times.

People received care and support from staff who knew understood their backgrounds and needs

Is the service responsive?

Good

The service was responsive.

Staff understood people's needs and responded to them in a timely way. Staff approach was centred on the people who they cared for.

People mainly carried out their own activities. Plans were in place to hold social events for people to join and engage with others.

People told us they could approach staff and raise their concerns and were confident that any concerns would be dealt with promptly.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Auditing systems were being used to monitor the service being delivered however they had not identified a shortfall in the detail of people's care records.

People and staff felt supported and were confident in the management of the home.

The protocols of the home were being reviewed and evaluated due to the possible development of the home.

Wheatridge Court

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 unannounced inspection took place on 31 August and 1 September 2017. The inspection team consisted of an inspector and a bank inspector.

Before the inspection the provider 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 the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

During the inspection we spent time walking around the home and observing how staff interacted with people. We spoke with five people. We looked at the care plans and associated records of six people. We also spoke with five staff members and the registered manager. We looked at staff files which included their recruitment documents and the training and development of all staff. We also checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

Requires Improvement

Is the service safe?

Our findings

We found people's care records showed risks to their health and welfare were not always identified and assessed. For example, one person had been identified as being at risk of pressure ulcers. Control measures such as pressure relieving equipment had been put into place to reduce their risk of developing pressure sores; however the details of other control measures to instruct staff on the support the person required was not clearly recorded in their care plan. Information of how their continence, nutrition and mobility should be managed in relation to their risk of developing pressure sores was not in place. However staff were aware of the support people required to reduce the risk.

The care planning and management of other people's risks in relation to their catheter care, diabetes and seizures had not always been comprehensively documented. For example, one person was being supported by the district nurse to manage their catheter, however there was limited information in their care plan of the actions staff should take to support the person with the day to day care of their catheter or signs that might indicate that the person's catheter care needed to be reviewed by the district nurse. This meant staff did not have clear instructions on how to support people to maintain their well-being or be aware of signs that their health may be deteriorating and the actions they should take.

On the first day of our inspection, we enquired about one person who had been assessed as having suicidal thoughts and had unstable diabetes. Staff told us that they the mental capacity to make decisions about their own care and treatment and accessed the community independently. The registered manager told us "We give people as much freedom as they want but with that comes some risks which we have to manage and discuss with the service users." Although staff told us they had a mobile telephone number for the person and their family if an emergency was to occur, they were unable to tell us the whereabouts of this person as they had not signed out when they had left the building. There were no individual protocols or agreements in place to ensure staff would be able to support this person to stay safe if they were to become unwell when out and thereby balancing the safety of the person with their rights and preferences.

People's care plans did not always contain sufficient information about the risks relating to their care and the action staff should take to mitigate such risks, which placed people at risk of receiving inappropriate support. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

People who required a hoist to transfer between their bed and chair, told us they felt confident in the staff knowledge and abilities. People could be assured that the equipment used to support them was fit for purpose as it had been regularly serviced and maintained. We did see some examples where risk assessments did contain more information and guidance for staff to follow. For example, people's care plans contained personal evacuation plans detailing the support they would require should they need to be evacuated from the building.

When people experienced accidents, staff had recorded the accident or near miss incident and the action they had taken to ensure the person's safety. The registered manager reviewed the incident reports and had

taken actions to help prevent the incident of a similar nature reoccurring. The registered manager had analysed people's accident reports for any trends although further details such as the time of the incident would assist the registered manager to identify any patterns or concerns that required acting on.

People's medicines were managed and stored safely. The quantity of medicines received into the home was recorded and witnessed by two staff members. Monthly audits of people's medicines were carried out as well as a weekly stock check of people's medicines. A staff member told us that people's Medicines Administration Records (MAR) charts were checked each day at the shift handover between staff. We found that people's MAR charts had been completed appropriately with no gaps in the recording of administration on the MAR charts. Medicines returned to the pharmacy were recorded in a 'returns book' and witnessed and signed by a staff member and also signed for by the receiving pharmacy.

Some people had been assessed and continually monitored as being safe to manage their own medicines. To assist these people, their medicines were supplied in 'dossette' boxes. Dossette boxes are pre-sealed containers which contains the correct dosage of medicines required at specific times of the day. People who had been prescribed 'as required' (PRN) medicines, such as pain killers were asked if they needed them before they were administered. Staff were required to complete the rationale and protocols for administering PRN medicines to people in their MAR charts, however this information had not always been recorded.

Staff told us they felt and confident in managing people's medicines. A new staff member told us they were initially accompanied by a trained staff member during the administration of people's medicines until they were deemed competent. We observed a medicines round and found that staff were well organised and safe practices were observed when people received their prescribed medicines.

The home carried out a bi-yearly team learning day for all staff to attend. Staff had completed medicines awareness course as part of a team learning day in January 2017. The shortfalls found as a result of the monthly medicines auditing system were also raised and discussed during the following learning day in July 2017 such as medicine errors and the criteria of self-medication. Routinely staff were observed in their care practices which included some aspects of medicines of management.

However, the registered manager could not be fully assured that staff on duty were competent in managing people's medicines as monitoring of the medicines management skills of staff was not routinely carried out.

People told us they felt the cleanliness of the home was maintained. We found all areas of the home to be clean; however we found some cracked tiles in two of the bathrooms which could harbour bacteria. The registered manager told us there were plans in place to review and update the home's décor, environment and furniture. People were encouraged to clean their own bedrooms and clean up after themselves in the communal areas and after preparing food in the kitchen as part of their re-enablement programme. Protective equipment such as aprons and gloves were available for staff and people to use.

People were generally supported by the right number of staff to meet their re-enablement needs. Most people told us there were enough staff around to provide the support they required when they needed assistance with daily living activities such as support with their personal hygiene or meal preparations. However others felt that staff hadn't always responded to their requests promptly or staff didn't have time to socially engage with them. For example, one person said "The staff are nice but overworked. I had to wait for a commode the other day, but they did apologise. They were with others." Another person also said, "There could be more staff in the morning as I'm used to having a shower every day."

Staff echoed people's views and told us that the staffing levels during certain times of the day were stretched to ensure people's needs were met especially in the mornings. We received comments from staff such as "We try to have five (support workers) on in the morning. It feels okay at the moment but it can be a stretch" and "There's enough (support workers) sometimes, but not all the time. We never seem to have the right balance." Staff explained that the needs and dependency levels of people who stayed at the home varied depending on who was staying in the home and their level of re-enablement. However, we were told that the management team often assisted when required or additional staff had been made available when requested.

We raised the issue of the levels and deployment of staff in the home with the registered manager. They told us they were aware of this concern and had identified improvements were needed prior to our inspection. They were about to implement a new model of working where staff would be assigned to one of the units in the home. They explained that staff would be mainly working in one of the home's units with the flexibility of an extra member of staff who would work across the home in the mornings and support staff and people as required. We will check the effectiveness of this method of working at our next inspection.

People were supported by staff who had been vetted before they had started to work in the home. The registered manager was supported by the provider's head office to ensure the employment and criminal history of all new staff had been checked. Staff had completed an application form and provided information about their employment history. However, we found that whilst the registered manager was aware of employment histories of potential new staff, they had not consistently recorded their conversations about the reason new staff had left their previous employment. We raised this with the registered manager who told us they would be more vigilant in the recording of their conversations with new staff to ensure people were supported by staff of good character.

People we spoke with felt safe staying at Wheatridge Court. They told us they were comfortable amongst staff but didn't always know the other people staying at the home. One person told us, "The staff are really nice, I am happy here at the moment, I like my own space and don't really like speaking to the others here." During their stay at Wheatridge Court, people told us they mainly kept to themselves and didn't socialise with others. The registered manager explained that this was due to the short stay and transient nature of the home. They said, "The service users come here for a short period of time and don't really socialise with others. It's is something we are aware of, as their mental well-being is part of the re-enablement here." We were told they were considering some social activities to encourage people to socialise and be at ease around each other.

Staff had been trained in protecting people from avoidable harm and neglect. They were able to describe the different types of abuse and how they would raise concerns including reporting their concerns to the managers and contacting external safeguarding agencies. One staff member said, "We have a good team, I have never ever seen anything abusive going on." Safe and accountable systems were in place to support people to manage and store their money securely while staying at the home. Staff supported people to have a better understanding of their finances and assist them in claiming government financial benefits. We discussed the incidents and outcomes against some recent safeguarding incidents sent to CQC as required by the registered manager. We were reassured that appropriate actions had been taken to safeguard people.

Good

Is the service effective?

Our findings

At our inspection of 7 and 8 April 2016, we found there were limited records on how people who lacked mental capacity lawfully consented to their care and support. At this inspection we found that actions had been taken to improve the documentation regarding the assessment of people's mental capacity.

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. Most people who stayed at Wheatridge Court had the mental capacity to make informed decisions about their care and treatment. However, records showed that people's mental capacity to make specific decisions about their care had been assessed when there had been uncertainty about people's mental capacity.

Staff had a basic understanding of the principles of the MCA and DoLS and could give us examples of how they supported people. One support worker said "You have to assess people's capacity. Look at their best interests. You involve the social worker, manager, link worker, family and the client." Another staff member explained their actions if someone refused their help. They said, "I would go back later or try someone else (staff); it's their choice." We observed staff respecting people's decision about their care and how they wished to spend their day. People were continually supported and encouraged to make decisions about their care and treatment. For example, people's care plans stated that staff should support people to make health care appointments if required. People told us they had been involved in their care planning and setting re-enablement goals. One person told us "Yes, they always ask what I want. I think we're reviewing my care plan next week."

People can only be deprived of their liberty to receive care and treatment when this 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). At the time of our inspection, nobody was being deprived of their liberty and staff were aware of their responsibility to support people in the least restrictive way.

People were being supported by staff who had the opportunity to maintain their skills and knowledge. Staff were positive about the training they received and felt trained to carry out their roles. One staff member said "I have done first aid, moving and handling, food hygiene, MCA, DoLs, infection control and person centred care. There's a lot of e-learning." They also said that they had received regular supervision and that their annual appraisal was due. Records showed that most staff had attended regular and refresher training as deemed as mandatory by the provider. Staff also attended bi-yearly 'team learning days' which provided them with additional opportunities to refresh their skills and keep up to date with current practices such as fire training and mental health awareness. Plans were in place for staff to receive specialist training as a result of the home being commissioned to admit people with acquired brain injuries.

The registered manager overviewed the training needs of staff to ensure their practices and knowledge were up to date as well as ensuring staff received regular professional support sessions. Records showed that plans were in place for staff to meet privately with their line manager to discuss their personal development and any concerns.

New staff were required to complete a comprehensive induction programme which enabled staff to have a sound knowledge of the skills they required to carry out their role and understand the provider's expected standards of care. An experienced staff member described the support given to new staff and said "They have induction training that includes moving and handling and medicines. They always have a mentor and are shadowed when giving personal care until we feel confident." The care certificate was also required to be completed in conjunction with the induction programme. The care certificate is a training framework which ensures all new staff are trained in the national standards of care. New staff were required to shadow their colleagues as well as reading up on the home's policies and procedures and the contents of people's care plans.

Some people's ability to maintain their own nutritional needs were assessed as part of their re-enablement goals. They were supported to go shopping for their food and helped to plan and prepare meals if necessary. One staff member said, "We try and encourage the service users to do as much as possible for themselves in the kitchen. We will also try to reflect the support they will receive when they get home." One person told us of how they shopped for their own food but staff gave them support to prepare and cook their meals. Another person relied on their relatives to bring meals in; however they stated that was their personal choice.

Staff were all aware of people's dietary needs and preferences and assisted them to make healthy choices. Staff had felt one person was not maintaining an adequate balanced diet and had referred the person to their GP who prescribed nutritional supplements. They had also been reviewed by a nurse specialist who had recommended for them to be regularly weighed. Records seen indicated that their weight had remained steady over the previous four months.

People's health care needs were monitored during their stay at the home and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People were supported to see seek advice and support from healthcare professionals who specialised in supporting people with their accommodation and social needs such as an occupational therapist or social worker.

Good

Is the service caring?

Our findings

People were admitted to Wheatridge Court for a period of re-enablement with the aim to build up maximum strength and confidence in activities of daily living skills such as meal preparation, mobility and personal care before returning home or moving to alternative accommodation which suited their needs. Most people told us they were enjoying their stay and staff were encouraging and helping them to gain the strength and skills to return home. People's levels of independence and goals varied greatly according to their personal circumstances and health problems.

Staff were able to provide us with examples of how they had supported and encouraged people to become independent. One staff member said, "We try to understand people's goals and what they are capable of and where they need to be to return home. We then work them and try give them lots of encouragement and withdraw our assistance slowly." They went on to explain that it was important for the people to have clear understanding of why they were staying at Wheatridge Court. They said, "It is important that we manage people's expectations here. We all need to work from the same page to ensure they get the most from staying here as it is not a traditional care home where things are mainly done for you."

Some people felt frustrated about the length of time that they had to stay at Wheatridge Court. The registered manager told us that they worked closely with people's allocated health and social care professionals to ensure people progressed in their re-enablement and well- being. They explained that the home was reliant on visiting health and social care specialist such as occupational therapist and social workers to make the arrangements for people to either return home or find alternative accommodation. They said, "We recognise it can be frustrating for some people staying here. We do our best to support people and keep them informed of any updates about their home circumstances or finding alternative accommodation."

People were positive about the care and support they received from staff. We received comments such as "Staff are okay here, they're helpful and caring"; "It's Ok here, the staff are not too bad, but I'd prefer to be at home. It is just a waiting game I suppose" and "The staff are lovely, very helpful especially if I'm tired and need a little extra help." People were supported by staff who were kind and put the needs of the people first. People appeared relaxed and comfortable around staff. We observed staff interacting with people throughout the day of our inspection and providing assistance when requested. Staff cared for people respectfully and addressed people by their first names in a friendly and respectful way. Staff demonstrated good listening skills and allowed people time to speak at their own pace.

People's dignity and privacy was valued. Staff respected that most people preferred to spend time in their own bedrooms. We observed staff knocking on people's bedroom doors and waited to be invited into their bedrooms before they entered. People told us that staff helped them maintain their dignity when they were helped with personal care tasks such as showering. One person said, "They (staff) always make sure I'm covered over and ask if I'm OK and if I need any help." People had the option to personalise their own bedrooms with their own bed linen, photographs and objects of interests during their stay at Wheatridge Court. They told us their friends and relatives were welcomed to visit them in the home at any time.

Good

Is the service responsive?

Our findings

People had care plans in place that were based on an assessment of their individual needs such as their continence, mobility and communication needs. Records showed that their care records had been regularly reviewed and discussed with people. People had been involved in deciding on their specific re-enablement goals and initially received a copy of their goal plans. For example, one person's goal was to be independent in shopping for their groceries. Their goal plan stated how they needed to achieve the goal in an agreed realistic timeframe. Staff regularly reviewed and recorded people's goals with them. People also had contributed towards their 'Moving on – Goal plan'. This plan stated their desired accommodation goals, support requirements and the actions that needed to be taken to achieve their moving on goals. For example, one person's moving on goal stated they required a new home which was wheelchair accessible and to have a care package to support them with their personal hygiene needs. Records showed the actions that were being taken to achieve these goals such as meeting with their social worker. Some people told us they were aware of how they were progressing in their re-enablement goals and their plans for moving out of Wheatridge Court. One person told us "Yes, I know my goals. I'm getting there slowly." However others felt that communication from the home could improve. One person said, "I don't always know what's happening, it's annoying." Keeping people informed of their progress was raised with the registered manager who agreed to take immediate action and remind staff that people should receive a copy of all their goals, including their moving on goal plan after they had been reviewed. Staff worked together with people, their families and health care professionals to ensure people had a safe transition when they moved from Wheatridge Court back to their home.

The home had been responsive to people's individual needs. For example, staff had reviewed their approach and the accommodation of one person who required individual support and who may have compromised the safety of others. Arrangements and strategies had been put into place to ensure the person's emotional wellbeing was being supported. The registered manager said, "We have come to a working agreement of how the service user is to be supported. The approach needs to be consistent by all staff."

People had the option to socialise in the home's large communal area or in the small lounges/dining rooms of each unit. We spoke to people about their social and recreational time at Wheatridge Court. Most people told us they were happy to spend time in their own bedrooms and carry out their own individual activities and hobbies which they enjoyed. They told us there were limited opportunities for them take part in activities or socially engage with others during their stay at the home. One person said "It's okay here but there's not much to do. You have to make your own entertainment." This was discussed with the registered manager who explained that they tried to support people who had specific hobbies and who wanted to continue to carry them out when they moved from the home such as going to gym. They said, "Where possible we try and mirror their life at home." They went on and explained that they were planning to discuss holding specific social events at the home during the next service user meeting. They said, "We recognise the service users here can be quite isolated, so we want to hold social occasions where they can come out of their rooms and meet others and hopefully find some common interests which they can enjoy together."

People's views and experiences of staying in the home were routinely listened to and acted on. Systems were in place to manage people's complaints or concerns about the service, although no formal complaints had been received since our last inspection. People told us they were informed of the home's complaints procedure as part of their induction to the home. People were able to raise any concerns and make suggestions at the home's regular service user meetings or speak personally to staff. The provider's feedback form was displayed around the home which gave people an opportunity to comment on their experiences about staying at Wheatridge Court. One person told us they knew how to raise a concern and had done so in the past and felt the registered manager had acted promptly to resolve the problem. Staff and people confirmed that service users meetings were held and that the minutes of the meetings were produced and circulated to people. A service user said "There are residents meetings, but I don't go, but I do get the minutes."

Requires Improvement

Is the service well-led?

Our findings

Management systems were in place to monitor and assess the safety and quality of the service being delivered. The registered manager carried out a range of audits such as health and safety audits and scheduled maintenance and safety checks within the home. Where their audits or observations had identified concerns; actions were being implemented. For example, improvements were being made to the deployment of staff across the home. Records showed that any shortfalls found as part of the auditing process were highlighted to the registered manager and actioned.

However the audits had not always been effective in identifying the shortfalls in the service that we found prior to our inspection so that prompt action could be taken to improve the service provided. The registered manager had not identified improvements were needed in the assessment and risk management information available to staff to ensure people's care plans would inform staff how to deliver safe care. For example, people's risks assessments and care plans had been regularly reviewed; however these reviews had not identified that people's risk management information was not comprehensive; neither did the registered manager's care plan audit identify this shortfall.

The evaluation of people's care needs in their care plan had not always been dated so it was difficult to ascertain the time frames of people's progress. Regular medicine audits had been completed but had not identified that people's PRN protocols had always been completed. Systems were not in place to monitor staff competencies in the management of people's medicines. Audits had not identified that recruitment records did not always note the checks the registered manager had completed in relation to staff's employment histories.

Improvements were needed to the effective operation of management systems to ensure shortfalls would always be identified. The lack of effective systems to check on the quality and consistency of the service meant there was a risk that people's care was not being delivered safely and in line with the regulations. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

The registered manager regularly met other CQC registered managers employed by the provider to share information, good practices and provide peer support. They also peer reviewed and assessed each other's services using an assessment tool based on CQC inspection methodology.
Everyone we spoke with was complimentary about the staff and managers of home. We received comments such as "All the staff are lovely", "They're really helpful" and "Everyone is very nice even the boss guy."

The registered manager promoted a culture that put people at the centre of everything. Staff were committed to the service and were positive about their work and supporting people to progress in their physical and mental wellbeing. Staff felt supported by the management team and felt the registered manager was always approachable and had always addressed any concerns that had been raised.

The registered manager carried out regular staff meetings. These meetings allowed the management to

cascade important information and an opportunity for staff to discuss people's needs and raise any concerns about the management of the home. Staff spoke positively about the meetings. One staff member said, "People will get them (concerns) put across. You can speak to management about anything, they are very good." The registered manager used meetings to evaluate and discuss incidents such as medicine errors and people's safety within the home. Minutes from the meetings were circulated to all staff to keep them updated.

The home's notice board displayed CQC's previous inspection rating, photographs of the staff on duty and feedback forms which were optional for people and their relatives to complete. Copies of the home's fire procedures were displayed by fire points around the service.

People could be assured the home was safe as regular health and safety checks of the home's utilities, premises and fire equipment had been completed. Fire exit routes were clear, which meant in the event of a fire people could be safely evacuated. Records showed when fire drills or fire incidents had occurred, although the time of the drill/incident had not always been recorded as well as the response times of staff and any actions that needed to be taken to ensure people's safety in the event of a fire. There were personal emergency evacuation plans for each person.

The home had recently been inspected by the local clinical commissioning group as they were considering commissioning one of the units to support people with non-nursing acquired brain injuries. The home was acting on guidance from the commissioner's inspection report such as reviewing the processes and systems which may affect the length of people's stay at the home and to improve support details of people in their care plans. The registered manager was also reviewing the protocols and processes of the home to ensure they were able to meet the needs of people who had an acquired brain injuries as well as staff training. The registered manager recognised that they personally needed to attend advance training in some mandatory subjects such as safeguarding as well as have a greater understanding of supporting people with acquired brain injuries. We were unable to assess the effectiveness of the actions that have been taken to address the commissioning group's recommendations.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risk management plans were not always in place to ensure people would receive safe care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to check the quality and consistency of the service.