

# Infinity Services (UK) Limited

## Scotts Road

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Scotts Road provides a supported living service to people with a learning disability and/or mental health needs living in shared accommodation within three 'supported living' schemes. The aim is for people to live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements.

Not everyone using the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, 18 people were receiving personal care.

The registered manager and the compliance manager oversaw the three schemes, supported by a team of senior staff.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service:

The provider had a procedure regarding infection control and the staff had specific training in this area. However, one of the supported living schemes was not clean and there was a risk of infection and cross contamination.

The risks to people's safety and wellbeing were assessed and regularly reviewed. However, on the day of our inspection, we identified some areas which could pose a health and safety risk to people who used the service.

The provider had systems in place to monitor the quality of the service and where issues were identified, these were usually addressed promptly. However, although they had identified the need to improve the cleanliness of one of the schemes during their audits, staff had not addressed this, and action had not been taken to make the necessary improvements.

The provider had effective arrangements to protect people against the risks associated with the management of medicines. People were receiving their medicines safely and as prescribed.

There were enough staff on duty to meet people's needs and there were contingency plans in the event of staff absence. Employment checks were in place to obtain information about new staff before they could support people.

Care plans and risk assessments were reviewed and updated whenever people's needs changed. People and relatives told us they were involved in the planning and reviewing of their care and support and felt valued.

People were supported to manage their own safety and remain as independent as they could be.

The provider had processes in place for the recording and investigation of incidents and accidents and lessons were learnt when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff had undertaken training in the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Act. The provider had liaised with the local authority when people required Court of Protection decisions about being deprived of their liberty in the receipt of care and treatment. At the time of our inspection, nobody was being deprived of their liberty unlawfully.

People's health and nutritional needs were recorded and met. Where possible, people using the service were supported to shop for ingredients and cooked their own food. Staff supported people to attend medical appointments where support was required.

People were supported by staff who were sufficiently trained, supervised and appraised.

A range of activities were arranged that met people's individual interests and people were consulted about what they wanted to do. Most people were able to access the community and were supported to undertake work and education.

Staff were caring and treated people with dignity, compassion and respect. Support plans were clear and comprehensive and included people's individual needs, detailed what was important to them, how they made decisions and how they wanted their care to be provided.

People told us, and we saw staff supported them in a way that considered their diversity, values and human rights. People confirmed they were supported and encouraged to be involved in the running of the service and felt valued.

Information about how to make a complaint was available to people and their families, and they felt confident that any complaint would be addressed by the management. We saw evidence that complaints were addressed appropriately.

People, relatives and staff told us that the registered manager and compliance manager were supportive, approachable and hands on. Staff were supported to raise concerns and make suggestions about where improvements could be made.

Rating at last inspection:

At the first inspection of the service on 16 November 2018 (Published 5 December 2016), the service was

rated good in all key questions and overall. During this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment and good governance. You can see what action we have asked the provider to take within our table of actions.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led

Details are in our Well Led findings below.

**Requires Improvement** ●

# Scotts Road

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector.

The service had a registered manager in post. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection to the location's office was unannounced and took place on 3 June 2019. We discussed the inspection plan with the registered manager and compliance manager and made arrangements to visit all three supported living settings on 3 and 4 June 2019. This was needed so that people who used the service were consulted and agreements sought from them for a home visit from an inspector.

#### What we did:

Prior to our visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also reviewed information we held about the service. This included notifications we had received. A notification is information about important events that the provider is required to send us by law.

The inspection site visit activity started on 3 June 2019 and ended on 4 June 2019. At the registered location, we reviewed four staff personnel records and training files, incident and accidents records, audits and a sample of policies and procedures. At all three schemes, we reviewed support plans and checked medicines management. We spoke with the registered manager and compliance manager, eight people who used the service and staff, including three support workers and two team leaders. We emailed three social care professionals who were involved in placing people with the service but did not receive a reply.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Preventing and controlling infection; Assessing risk, safety monitoring and management

- There was a policy and procedures about infection control, and staff were aware of this. However, on the day of our inspection, we identified some areas of concern in one of the supported living schemes. For example, there were cobwebs on ceilings and thick dust on skirting boards and other surfaces. There were dried up food splashes above the cooker and tiles were not clean. The paintwork on doors, staircase and other areas was grimy. In the upstairs bathroom, there was no lid on the upstairs bathroom bin, the paint on the radiator was chipped, the ceiling paint was peeling off and floor tiles were dusty. This meant that there was an increased risk of infection and cross contamination.

- People were not always protected from harm. On the day of our inspection, we identified some health and safety concerns in the garden of one of the supported living schemes. For example, there were two large wooden drawers discarded on the grass which contained pieces of sharp wood with nails sticking out. There was also a large sand bag left on the grass and a piece of wood which presented a trip hazard. On a side wall, we saw a pile of loose bricks which could have fallen and caused harm to someone.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager told us they had taken immediate action to make the necessary improvements.

- People had individual risk assessments in place and these had been developed during the initial assessment and follow up reviews. Risk assessments included a description and level of the risk, and control measures in place to mitigate these. Areas assessed included risk of falls, alcohol misuse, self-neglect and behaviours that challenged. People were supported to take some risks in their daily lives whilst supported to remain as safe as possible. Assessments included detailed guidelines to reduce the risk of harm. For example, where a person had displayed behaviour that challenged, staff had followed the guidelines and we saw evidence that there had not been any concerns since being admitted at the service.

- Risk assessments were evaluated every month and updated as needed. These included environmental and personal risk assessments. Staff conducted regular health and safety checks, such as equipment and furniture, fire checks including fire equipment such as fire extinguishers, first aid boxes, fridge and freezer checks and checks of Control of Substances Hazardous to Health products (COSHH). There was a COSHH risk assessment in place.

- There was a fire safety policy and procedures in place. People had Personal Emergency Evacuation Plans (PEEPS) in place and these were person-centred. They included guidelines so that people would be supported to evacuate safely in the event of a fire. The management team carried out regular audits of all fire equipment such as smoke detectors and fire extinguishers. Senior staff carried out regular fire drills and these were recorded. We saw evidence that where any concerns were identified, action was taken without delay.

#### Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe living at all three supported living schemes and trusted the staff who supported them. Their comments included, "I feel very safe here. Always have been", "I feel safe here, never unsafe" and "Staff are always there when you need them. I feel safe living here."

- Staff received training in safeguarding adults and this was regularly refreshed. The provider raised safeguarding concerns with the local authority where necessary and informed the CQC by sending statutory notifications. Senior managers conducted internal investigations and worked with the local authority's safeguarding team to make the necessary improvements. Staff we spoke with told us they felt equipped to deal with potential risk and used de-escalating techniques to deal with any behaviours that may challenge. One staff member told us, "When we see signs of challenging behaviour, we respond straight away, we involve the right people to prevent this developing in a negative way." People we spoke with told us the staff knew how to speak with them and they all got on well.

- There was a safeguarding policy and procedures in place and staff were aware of these. Information about safeguarding and important contact details were provided to people who used the service, including in an easy read format. Staff at each supported living scheme demonstrated they knew what action to take in the event an allegation of abuse was made and were provided with important telephone numbers. This included notifying the registered manager and logging the details of the incident.

#### Staffing and recruitment

- A large number of people who used the service were independent and out during the day. We saw that only one staff member was deployed in each scheme. One staff member told us, "Although we work alone, the managers come in every day, and there is always another member of staff who can come and help if necessary. For example, if we have to take someone out." The compliance manager told us they occasionally required agency (temporary) staff to cover shifts. However, they had a good working relationship with the agency they used, and regular staff who knew people were supplied. This helped ensure continuity of care for people who used the service.

- Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working at the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed.

#### Using medicines safely

- People who used the service received their medicines safely and as prescribed. The provider had a policy and procedures about how to manage medicines in a supporting living service, and staff were familiar with these. Staff received training in medicines administration and had their competencies regularly assessed.

- Some people required support with their medicines. Each person had a medicines profile which included



an up to date photograph, allergy status, diagnosis, a list of prescribed medicines and administration instructions.

- We looked at the medicines administration records (MAR) charts of the people being supported with their medicines in all three settings. We found that these were signed correctly and there were no errors in the recording of medicines. Where people were prescribed medicines to take 'as required' (PRN), a PRN protocol was in place. Staff kept a running count of these and this corresponded to the number of tablets in stock.
- There was information about the medicines people received to ensure staff knew what they were for and their possible side effects.
- There were regular medicines audits which were thorough and detailed. These audits looked at all areas of medicines management such as storage, staff signature, daily count, record keeping, disposal and return of unused medicines and management of PRN medicines and controlled drugs.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed by the manager to identify any issues or trends. We saw evidence that incidents and accidents were responded to appropriately. These were discussed with staff to ensure measures were in place to prevent reoccurrence. Following any incidents and accidents, support plans were reviewed and updated and the care plans we viewed supported this. For example, we saw that a person who used the service had been referred to the GP and mental health services when they displayed behaviours that challenged.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The managers told us people were consulted about all aspects of their care and support, and we witnessed staff verbally seeking people's consent throughout our inspection, such as what they wanted to do or eat. People had signed consent forms in a range of areas including medicines, finances, accessing medical records, photographs, and sharing information with other healthcare and social care professionals. We saw evidence that people signed their care and support plans to indicate their consent to these.
- We saw that care and support was being delivered in line with the principles of the MCA. Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. People had their mental capacity assessed before they started using the service. We saw evidence that, where a person lacked capacity, decisions were made in their best interests.
- Staff had undertaken training in the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Act. At the time of our inspection, nobody was being deprived of their liberty unlawfully.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service and care plans were developed from these assessments. People who used the service had been referred and were funded by the local authorities who commissioned their care based on their individual needs. The operations manager told us they assessed people once they had been referred and before they started using the service, to ensure their needs could be met. Assessments were detailed and thorough and included every aspect of the person's care and support, their choices and wishes.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate skills and experience. New staff were supported to undertake an induction program. This consisted of a three-day orientation program, which included an introduction to the location they worked at, meeting people who used the service and colleagues, housekeeping, rota and the provider's code of practice. Upon completion, the new staff was supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Upon completion, staff were assessed to ensure they were ready to start working unsupervised.

- Staff told us they were well trained. One staff member stated, "We get a lot of training, and that helps" and "I am starting my level 5 course with the support of the company so that's good. I am really excited about that." Staff received regular training the provider identified as mandatory. This included safeguarding and Mental Capacity Act 2005 (MCA), administration of medicines, first aid, manual handling and infection control. They also received training specific to the needs of the people who used the service, such as learning disability and mental health awareness, challenging behaviour, alcohol and drug misuse and equality and diversity. We viewed the provider's training matrix which confirmed that all training was up to date.

- People were supported by staff who received regular supervision and appraisal. Staff we spoke with told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. One staff member told us, "When I started as (new role), I was unsure, but they encouraged me and built my confidence and supported me." A yearly appraisal provided an opportunity for staff to look at their achievements, any difficulties they might have encountered and discuss their plans for the year ahead.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs and likes and dislikes were recorded in their care plans. People were consulted about the food they liked and supported to shop for the ingredients and cook their meals if they were able to. Their comments included, "I do my own food shopping. We all cook at different times of the day. We make our own drinks whenever we want", "They do my cooking. I choose what I want and they cook it for me" and "I go food shopping with the staff and cook for myself."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were monitored and recorded in their care plan. People had access to healthcare professionals and staff supported people to attend healthcare appointments where they needed this support. We saw correspondence from healthcare professionals to evidence that people were receiving treatment according to their healthcare needs, including the GP and consultant specialists.

- Where people were at risk of ill health, staff supported them to monitor this and keep as healthy as possible. For example, where a person who used the service found it difficult to manage their smoking habit, they had agreed a plan with the staff to help reduce the amount of cigarettes they smoked.

- Care plans included individual health actions plans. These contained details about people's health needs and included information about their medical conditions, medicines, dietary requirements and general information. Records showed that advice from relevant healthcare professionals was recorded and actioned appropriately and regularly reviewed. This indicated that staff were meeting people's health needs effectively.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary about the care and support they received and said that staff treated them with kindness and respected their privacy, dignity and human rights. Their comments included, "They take care of people here", "They are caring people, they talk to me", "If I feel anxious, I can talk to the staff and they listen and help me", "Very good. Everyone is treated special", "The staff are open minded, very nice people" and "They respect our dignity. I have a key to my room."
- People were consulted about their social, cultural and religious needs and these were recorded in their care plans and signed by the person. For example, one person's care plan recorded they liked to go to church occasionally. Another person's care plan stated they wanted to be supported to celebrate festivals such as Christmas and Easter. People confirmed that their wishes were respected.
- On the day of our inspection, we saw that people interacted well with each other and seemed relaxed. Staff spoke with them in a kind caring and respectful way, consulting them in all aspects of the daily routine.
- The compliance manager told us they discussed sexuality needs with people who used the service. People were supported to maintain their relationships. One staff member told us, "We support [Person] with their relationship. Time is arranged to make sure they spend time together, even going on holiday together. The partner is very involved. We communicate well to give people the best support. During keyworking sessions, we talk about equality and diversity, and encourage people to open up." The majority of the people who used the service had relatives who were involved in their care and support.

Supporting people to express their views and be involved in making decisions about their care

- People were allocated keyworkers. Keyworkers are members of staff who are responsible for one or a small group of people. Every month, keyworkers had a meeting with people who used the service. This was to discuss all areas of the person's support, give them the opportunity to express their views, if they were happy, what they wanted to do and actions required to make this happen. People were also encouraged to express their views and speak with staff if they had any concerns.
- People were able to feedback about the service and express their opinion by attending regular meetings. Agenda included recent survey results, explanation about basic human rights, equality and diversity, complaints and compliments, safeguarding, health and safety, infection control and food hygiene.

Respecting and promoting people's privacy, dignity and independence

- People had their own room and were given a key if they wanted to. People we spoke with told us the staff

respected their privacy and dignity and they were able to come and go as they pleased. People told us the staff supported people to remain as independent as they could be and were patient and caring when supporting them. One staff member gave us an example where they had supported a person who was anxious about using public transport to gradually gain confidence in doing this. They said, "It took time, and patience, but [Person] is now able to take the bus and go places with our support."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans included a 'My personal information form' to provide relevant information in the event of a hospital admission, or if a person was missing. It contained the basic details about the person, their main contacts and family members, healthcare professionals, the person's physical appearance and any distinguishing characteristics. Also included a list of the person's medicines, health conditions, and likes and dislikes. Records were signed by the person to show they had been consulted and understood what was written.

- Care plans were developed from the initial assessments and were clear and detailed. They included all aspects of people's lives, their likes and dislikes and how they wanted their support. Care plans included detailed and personalised support plans which described the current situation, aims and steps to achieve. Sections included personal care, health care needs, safety and security, finances, medicines, diet and nutritional support and activities. These were regularly reviewed and updated.

- People's communication needs were recorded in their care plans. This included guidance to staff so they knew how best to communicate with each person. For example, one person's care plan stated they sometimes found it difficult to understand complex language. Their support plan stated, "Staff to use more pictorial communication methods to ensure complex matters are explained in a much easier way."

- The provider used a 'Living skills assessment tool'. This enabled them to determine the level of support people needed to remain as independent as they could be, and how to effectively support them to develop more skills with the hope of moving out and live independently in the future. One staff member told us that two people had left the service in the last year and were living independently. They said, "They are doing very well. We are really pleased for them."

- People were supported and encouraged to undertake activities of their choice. These included going shopping, eating out, visiting places of interest, socialising in the garden and watching programmes of their choice. One person told us they had all watched the recent football match, and said, "I was really happy because my team won." Some people attended college to study subjects of their choices, and others were in employment. One person told us they enjoyed learning, and were looking forward to starting their course in September.

- People received the support they needed to make improvements to their lives. For example, some people who had been admitted with alcohol dependency had been supported to attend relevant services to help them with their addiction. The compliance manager told us, "It is no longer a problem. Since living here, they hardly ever need alcohol. They are happy." Another person had been admitted with behaviours that

challenged the service. However, this had greatly reduced since moving into the service. People we spoke with told us they were happy at the service. One person stated they liked "The peace and quiet."

#### Improving care quality in response to complaints or concerns

- The provider had a policy and procedures for dealing with any concerns or complaints. Details of the service's complaints processes were provided to all the people who used the service and were available in an easy-read format. The provider kept a log of all the complaints they received and the outcomes of these. They had not received any complaints since June 2018. We viewed the last complaints received and saw evidence that these had been addressed appropriately in line with the provider's policy and procedures and the complainant had been responded to in a timely manner.

- The provider kept a record of compliments they received from people, their relatives or any visitors. We viewed a range of these. Comments included, "Very pleased with the care my [family member] receives", "All [their] needs are met in a caring way. In fact, I think some of the staff go the extra mile" and "I think the staff are taking their job seriously. I wish them the best"

#### End of life care and support

- All staff received training in end of life care. The compliance manager told us they tried to include discussions about end of life, but some people did not wish to discuss this. However, they explained that they had recently supported a person who had lost a close family member throughout their bereavement and felt that the experience had helped the person face the subject of dying. They said, "We feel that it is a good time to start discussing how [person] would like their care to be when they reach that stage. Losing someone has helped them face it." They added that due to some people's mental health needs and anxiety, it was not always possible to bring up this subject, but they were gently introducing this, by talking about it in people's meetings and keyworker sessions.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's systems for identifying and mitigating risks had not always been operated effectively. The provider's audits of the supported living schemes had identified infection control risks but no action had been taken to mitigate these. In addition, the provider had not identified the health and safety concerns we found during our inspection, such as the risk of infection and cross contamination and hazards found in the garden which posed a risk of harm to people who used the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these concerns during our feedback. Following our inspection, the provider informed us they had taken immediate action by calling staff for an emergency meeting, speaking with the landlord, organising a cleaning company to undertake a deep cleaning of the scheme and putting in place a cleaning schedule for staff to follow. They told us they would increase their checks and would address any concerns straight away.

- The compliance manager and registered manager undertook regular audits and we saw these were looked at a range of areas which included incidents and accidents, safeguarding concerns, cleanliness, infection control and medicines.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were complimentary about the registered manager and the senior team and told us the service was well run and organised. Their comments included, "We all get on really well. We can discuss anything with them" and "I like it exactly as it is. 100%." Staff we spoke with agreed and said, "I think it is well managed", "The managers are very good, come here regularly. They come monthly and check all the files. There is good understanding between staff and management. I can call them anytime", "I can't think of anything to improve. Everything is as it should be. We are working well together. It is good" and "They are happy to help. It is very good. I have no issue."

- The provider had contingency plans in place in the event of any events that would jeopardise the smooth running of the service. For example, a fire, flood, communication failure or disease. The plan included



important contact numbers and guidelines about what to do to keep everyone safe.

- We saw evidence that the registered manager and compliance manager had attended a compliance workshop which covered the current regulatory and legislative framework and advised managers how to identify areas of improvement and develop plans for continuous improvement and compliance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others.

- People and relatives were consulted, and questionnaires were sent to relatives and staff to obtain feedback about the service. These were analysed and where concerns were identified, an action plan was in place to make the necessary improvements. Questions included people's care and support, communication and information, quality of life, safety and security, staff knowledge and competency and overall. People also were able to write any comments they wanted about the service. We viewed a range of these and saw comments such as, "All my needs are met according to my choice", "Staff and management are very friendly, easy to communicate with, very compassionate" and "I feel and I know I am well looked after and I feel very secure."

- The registered manager told us they had regular meetings to promote effective communication within the schemes. These included managers' meetings where a range of subjects were discussed, such as updates about people who used the service, accidents and incidents, complaints and the overall running of the service. There were regular staff meetings. We viewed the minutes of the most recent meetings and saw that a range of subject were discussed with staff. These included incidents and accidents, people who used the service, risk assessments, upcoming training and improvement plan.

- People were supplied with a 'tenancy hand book'. This was available in an easy-read format. It informed people about the location they lived in, the support they can expect to receive, rights and responsibilities and keeping safe. It also included useful information such as the manager's contact details, the local authority and CQC. They also received a document entitled 'Your responsibilities as a tenant', this included 'personal hygiene', 'keeping safe', 'zero tolerance to crime', 'keeping your room clean and tidy', 'doing your laundry' and 'respecting other people you live with'.

- The provider kept an evidence folder which was based on the CQC's key lines of enquiries (KLOEs). We saw that in a recent staff meeting, staff had 'brainstormed' ideas about how to make further improvements according to the KLOEs and had made plans to increase person-centred activities.

- The registered manager and compliance manager told us they checked the CQC website regularly for news and updates and attended providers forums organised by the local authorities. These often included workshops and information which was shared with staff during staff meetings or supervision.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure that care and treatment was provided in a safe way for service users because they had not always ensured the premises was safe, or assessed the risk of preventing, detecting and controlling the spread of infections.</p> <p>Regulation 12 (1) (2) (d) (h)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always effectively operate systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>Regulation 17(1) (2) (b)</p>