The Camden Society

Hotel in the Park

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected this service on 4 and 5 January 2018 and the inspection was unannounced. The last inspection of this service took place on October 2015 and the service was rated Good.

Hotel in the Park is a seven bedded short breaks service that provides respite care for adults with a learning disability or autistic spectrum disorder, and helps families and carers take a break from their caring responsibilities. At the time of the inspection there were five people using the service. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager who was on leave during both days of the inspection. On the days of our visits the service was overseen by the project leader and the director of services. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood how to recognise and report signs of abuse in line with the provider's safeguarding procedures and people and their relatives told us they felt safe. The provider followed their recruitment procedures to make sure that staff employed to work in the service were suitable to do so. There was enough staff deployed so that people were provided with enough support when this was needed.

Risk assessments had not been reviewed and guidelines to mitigate risks were not updated in response to people's changing needs. Care plans were produced in an easy read format so people could understand the care they received. However people's care records had not been reviewed to ensure they contained current information about their needs. 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 received training and when further training was required there was a plan in place to further develop their skills. Some staff had not received ongoing supervision and some areas of their annual appraisals were incomplete.

Changes in people's healthcare needs were identified by staff and people had access to healthcare services. However some people's health action plans had not been reviewed for a significant period of time. People were supported with their nutritional needs and medicines as required and this was recorded in their care plans.

Systems to assess, monitor and improve the service were in place but did not identify all the issues we

found. Although some issues were picked up in the provider's audits these were not acted on over a significant amount of time. Where incidents had occurred actions were put in place to improve the delivery of the service but some incident forms did not record what action was taken.

Staff treated people with dignity and respect and their views were listened to. People and their relatives told us they were supported by caring staff and because of this they enjoyed spending time at Hotel in the Park. Relatives spoke confidently about the abilities of the management team to run a good service.

People and their relatives knew how to make a complaint and told us they were satisfied with the respite service. Questionnaires were completed by people when they exited the service to provide feedback about the care they received.

We have made two recommendations in relation to fire safety and monitoring cleanliness and food safety processes. We found two breaches of regulations relating to safe care and treatment and good governance. You can see what action we asked 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

The service was not consistently safe.

Risks to people's care and support needs had not been appropriately assessed and updated in line with any changes to people's needs.

Health and safety checks were carried out on the premises but some checks were not completed regularly.

Staff had received safeguarding training and knew how to recognise and report abuse.

People were given their medicines as prescribed and staff had completed training in the safe management of medicines.

Recruitment and selection procedures were followed to check staff were suitable to work with people who used the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Not all staff had received ongoing supervisions to ensure they understood what was expected of them. Staff were provided with training to enable them to provide effective care for people.

People had accessed healthcare but their healthcare plans had not been updated for a significant period of time.

The provider ensured fair access to the service and the premises were adapted to suit people's needs.

People chose the food and drink they enjoyed and were satisfied with the meals provided.

People were supported with the choices and decisions they made about their care.

Is the service caring?

Good

The service was caring.

Staff showed compassion and care in the way they attended to people. Staff understood the needs of people and how to support them.

People were involved in making decisions about their care and support. Their wishes and individual needs were respected.

People were treated with dignity and their privacy was respected by staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans had not been reviewed to ensure they contained up to date information about people's preferences and goals and how they wanted to receive their care and support.

Planned activities were attended by people based on the things they liked to do.

People and their relatives knew how to make a complaint if they were unhappy about the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems to assess, monitor and improve the service were in place. However, these were not effective and did not identify the shortfalls we found.

People, their relatives and staff told us that the management team were approachable and open to new ideas.

Satisfaction questionnaires were completed by people to seek their views about the care and support provided to them.

The provider worked in partnership with other agencies and community services to provide an effective service for people.

Hotel in the Park

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.

Why we inspected – This was a routine inspection as we had rated the service "Good". We aim to return to services rated "Good" within two years of the publication of the report.

This inspection took place on 4 and 5 January and was unannounced on the first day; we informed the provider we would be returning on the second day. The inspection was carried out by one inspector.

Before the inspection we contacted four representatives of the local authority in Tower Hamlets and spoke with two of them to obtain further information about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We checked information that the Care Quality Commission (CQC) held about the service including the last inspection report and notifications sent to CQC by the provider. The notifications provided us with information about changes to the service and any significant concerns reported by the provider.

During our visit we spoke with two people because some people were unable to speak with us, and we also spoke with two relatives. We observed a handover and held discussions with three care workers, the deputy manager, the project manager and the director of services. We looked at the records in relation to five people's care including their medicines records. We also viewed four staff recruitment and training records, minutes of meetings with staff, quality assurance audits, complaints, staff rotas and some of the records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Risks associated with people's health care needs were not always accurately identified and records were not always updated to ensure that people were protected from potential harm. For one person, their records showed they had epileptic seizures but the risk assessment had not been updated since February 2016 and the support guidelines lines staff used to manage this risk were last reviewed in 2014. For a second person, their records showed that the person had behaviour that challenged the service and they tended to get anxious when around other people. However their risk assessment and accompanying guidelines were last reviewed in July 2015. Therefore we could not be assured that risk assessments were up to date or that risks were adequately mitigated based on people's current needs. The issues highlighted above constitute a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood the missing person's procedure they should follow and the appropriate agencies they should contact if someone was missing from the service. There was an individual missing person's procedure that detailed people's appearance and it stated that staff should contact 999 if the person was missing from the home; however there was no other information requiring that staff contact relatives or inform the manager of the home to ensure that all relevant people were informed.

We checked the provider's incident reports and saw these listed the type of incidents that had occurred such as medicines errors, falls, injuries and behaviour that challenged the service. For two people we found that body maps had been completed detailing injuries but there was no incident form to show how these had occurred or record of what action was taken. The provider agreed going forward that these incidents would be more clearly recorded. A representative of the local authority sent us a breakdown of incidents that occurred in the service and that told us these incidents had been acted on appropriately.

For one person we found their records showed how they were to be supported with positive risk taking and there was a description of the support they required with their mobility needs. Their needs were to be assessed by an occupational therapist and all incidents were to be recorded. We found all the records were up to date.

The provider carried out risk assessments for when people accessed the community, to identify the risks and proportionate measures to reduce the likelihood of harm. For example, during our inspection we saw people arrive back to the service in a vehicle. There was a risk assessment to show what precautions the provider should take to ensure people's safety when travelling to and from the service.' An on call system was available to make certain that people and staff had access to support 24 hours a day, seven days a week.

We found that health and safety records were not always updated to demonstrate that areas of the premises and were being checked on a weekly and/or daily basis. The home was clean and free from malodour. During both days we saw the cleaner was maintaining the upkeep of the home, but the cleaning records were last completed in October 2017. Daily checks were to be carried out in the kitchen to maintain standards; however we found the last check was recorded on 1 January 2018. There were no records to

confirm what areas of the home had been cleaned to ensure that all areas of the home remained clean. Daily checks to monitor the temperature of foods once cooked were last completed on 1 January 2018. This meant we could not be assured that regular checks were being carried out in the home to ensure people's safety.

We recommend that the provider reviews their system for recording and monitoring checks related to the cleanliness of the service and food safety.

After the inspection the provider sent us information to show a food safety inspection was carried out on 21 February 2018 and shown to be of a very good standard.

People had plans in place to assess how they would evacuate the building safely in the event of a fire. We checked to see if weekly fire alarm tests were being carried out but found that the records for these were last completed on 12 December 2017. Regular checks should be carried out to make sure that all fire alarm systems are in good working order. Regular fire drills had been carried out and the provider had an up to date fire risk assessment for the premises. A fire safety officer had visited the premises to carry out checks on the building in May 2017 and this was found to be satisfactory.

We recommend the provider reviews the systems in place for checking, recording and monitoring that fire equipment is in good working order at all times to protect people from the risk of fire.

We found the provider's audits showed the above issues with health and safety checks had been identified. We pointed our findings out to the provider who told us they had spoken to staff regarding these checks and assured us that more robust checks would be carried out. We will check this at our next inspection.

Where people had mobility needs we found that checks were carried out to see if their equipment was working and safe to use, for example, hoists and mattresses. Documents showed that regular testing had been completed on electrical wiring; emergency lighting and a recent legionella check had been done.

People and their relatives told us the service was safe. One person said, "[Staff name] and other staff help me feel safe." And a relative commented, "The service is safe and [my family member] goes to the shop and is always clean and well fed. I can tell they are happy by [their] body language and how [they] respond when they visit and staff answer the door."

People's safety had been promoted because staff understood how to identify and report abuse. Staff understood their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that could indicate potential abuse. One staff member explained, "Some service users will tell you if there was a concern, but I would recognise neglect by their personal appearance" and another said, "We would always disclose if we witnessed any abuse and let people know." Staff told us they had completed safeguarding training and the records we checked confirmed this. There had been no safeguarding concerns raised since the last inspection. The provider explained they would report any incidents of abuse to external organisations such as the local authority and the police. Whistleblowing procedures were in place to provide guidance for staff on how to report wrongdoings in the workplace and staff told us they would follow the provider's procedures.

People and their relatives told us they were supported appropriately with their medicines. When people came to stay at the service they brought their own medicines and these were checked by staff. Medicines were held in a locked cabinet and stored at the recommended temperature. We checked a sample of people's medicine administration records (MARs) and found these had been signed by staff to show that

people had been given their medicines. However we found the applicable codes were not printed on the MARs, for example, to show where people had refused their medicines or when they were away from the home. The provider had policies and procedures in place in relation to the safe handling of medicines and at the time of the visit this policy was being updated. The registered manager told us this would take into account any changes to the MARs to include the applicable codes. The provider explained that medicines errors were reported to the head office and monitored by the management team through the use of quarterly reports. Staff told us they had received up to date medicines training and a staff member commented, "Everyone is trained to give buccal medication. Any difficulties with seizures we will call the ambulance." Buccal Midazolam is an emergency medicine prescribed for the control of prolonged or continuous seizures. Training records showed staff competency was regularly checked and records showed they had received appropriate medicines training.

There was a recruitment procedure in place to make sure that staff were only employed once the provider was satisfied they were suitable to work with people who used the service. Records included evidence of the candidate's backgrounds checks which included completed application forms, employer references and up to date criminal record checks.

Rotas demonstrated that there were enough staff to support people during the day and night and the staff we spoke with confirmed this. The provider allocated staff to work shifts based on the number of people who were booked in to use the service and the amount of support they required. For instance the provider had taken into account staffing levels and the two to one support people required in the event of a fire and therefore only allowed two people who used wheelchairs to use the service at any one time. When additional staff cover was required the provider used agency workers. We observed when people returned from their daily activities, they did not have to wait for support and staff had enough time to support each person when they requested help.

The provider had analysed information people had provided and used this to improve the delivery of the service. For example, there were easy read personal emergency evacuation plan questionnaires that people had filled in, that evidenced to the provider that people were not always aware of what to do in the event of a fire. This led to the provider allocating a team leader during each shift to be the designated fire marshal for the service during the day and the night, and records showed staff had received training on how to do this to ensure that people could be safely evacuated in the event of a fire.

Requires Improvement

Is the service effective?

Our findings

Staff were not always supported with their ongoing supervision to support them with their professional development. Staff told us they received regular supervisions but the records we checked showed there were gaps for one to one supervisions. For one member of staff records showed that had received supervision twice during 2016 and 2017. Another staff record showed that they had received two supervisions over a period of one year during 2017. Staff had received an annual appraisal to measure their performance against their specific roles. However for two members of staff some information in their appraisals was incomplete, such as the agreed outcomes on what they had achieved and what they needed to do before their next appraisal. The provider acknowledged this and agreed to carry out regular staff supervision and update their records. We will check this during our next inspection.

Staff had completed training which enabled them to perform their role effectively. A staff member said, "The induction was good and was done at the head office. They take you through medication and safeguarding and give you an introduction on the provider's polices." Records showed that staff had attended up to date training. This included the provider's induction, epilepsy, emergency first aid, infection control and Percutaneous Endoscopic Gastrostomy (PEG) feeding. Moving and handling training had been completed by the majority of staff; however for two care workers we saw their moving and handling training had expired on October 2014. This meant we could not be assured that people were being moved and positioned safely as moving and handling training should be refreshed at regular intervals to ensure that staff knowledge remains up to date. The provider agreed to follow up this up to ensure that staff had attended this training.

After the inspection the registered manager sent information to show that records had been updated to reflect that the two care workers had received up to date moving and handling training.

Two Care Certificate assessors worked in the service and records showed that one member of staff had been assessed and completed the Care Certificate training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in the health and social care sectors. The project manager told us there was a plan in place to make staff training in autism more interactive through face to face learning so that staff would be more confident in managing people's behaviour that challenged. In addition to this the provider explained that further training on positive behaviour support was to be rolled out and included in the staff learning workbooks. They told us this would place an emphasis on people, their families and staff to develop a shared understanding of people's overall quality of life.

People's relatives told us their family members were seen by health practitioners. The staff we spoke with were aware of the signs and symptoms people may present with to indicate that they were physically unwell and knew what action to take. Notes showed when people had accessed health services and were provided with advice and support from medical professionals. Staff followed any guidance from health professionals about meeting people's needs effectively. Care notes recorded people's medical conditions and their diagnosis and contact details of their health practitioners, such as the GP and occupational therapist. However we found for two people their health action plans had not been updated to ensure they reflected

their current needs. Health action plans provide information about people's health needs, what people can do to stay healthy and the help they can get. One person's plan showed this was last updated in 2013 and another person's plan was incomplete. Therefore we could not be assured that people using the service and staff had up to date information about their health needs and how to stay well.

Hospital passports were held in people's care files which showed the help people with complex needs required and provided hospital staff with important information about them and their health on admission to hospital. We checked the hospital passports and found they had been completed in July 2016 with the exception of one that had been completed in 2013. We spoke with the provider about the records who informed us they were in the process of updating people's health action plans and hospital passports.

The premises were laid out over one floor and the design and decor of the home was adapted to be accessible for people who used the service. The building was accessible for wheelchair users and the provider explained that some people brought their own slings for the hoists to suit their needs. All the rooms were fully furnished and fitted with alarm call bells that were linked to the staff office in the event that people needed help in an emergency. Two out of the seven rooms could be used for double occupancy and had facilities for people with mobility needs, such as wet rooms and appropriate aids and adaptations. There were shared communal areas such as the kitchen and lounge with a television, sensory lighting and games for people to play. The provider explained that new furniture was being purchased for the lounge to make the room more inviting for people to relax.

Some staff had worked in the service for several years and knew people's needs well. This was because the majority of people used the service on a regular basis. The local authority referred people to the service and allocated a certain amount of nights each year that people could access the service and this was based on their assessed needs. People's relatives could block book their allocated days up to three months in advance and could choose to book their days when they liked. The project manager explained, "Parents have to book in advance and we explain this to them. We are getting to know their families and their routines." The provider oversaw the allocation list and liaised with the local authority to make sure that certain dates, such as weekends and school holiday bookings were shared equally between people to ensure they had fair access to the service.

People were supported to eat and drink enough to maintain a well-balanced diet. We observed that once people had returned from the day centre they were provided with a homemade evening meal that had been prepared by a member of staff. A relative explained that their family member did not require any support to eat their meals and that staff always offered them choices and alternative meals if they wanted. Food choices were presented to people in a way that helped them communicate what meals and snacks they would like to eat, and their care notes reflected their preferences and the support they needed with their meals. For one person their records showed they had a healthy eating snack chart to support them make healthy decisions about food. Another person's records listed their preferences and their food allergies. This was so staff understood what foods the person should avoid and the dishes they needed to prepare. A referral had been sent to the speech and language therapy team for a person who had difficulty with eating and drinking so their dietary requirements could be reviewed.

The provider's practice was in accordance with the legal requirements of the Mental Capacity Act 2005 (MCA). The Act provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and

legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

At the time of the inspection no one was subject to a DoLS authorisation. The provider had liaised with the local authority about people who lacked the capacity to make decisions about keeping themselves safe. They advised them on the correct action to take in people's best interests and in accordance with the MCA code of practice. Staff had completed MCA training and during our discussions with them we found that they understood the principles of the MCA. Where people had capacity to make their own decisions we saw consent forms had been signed, for example, for staff to support them with their medicines and the care they were provided with.

Good

Is the service caring?

Our findings

People and their relatives told us they were supported by caring staff. One person told us the name of their favourite care worker and what they liked about the service. Relatives told us that the staff were very welcoming and one said their family member "loved" staying at the home and this was because of the caring nature of the staff team.

We observed the staff handover before people returned from the day centre. The deputy manager allocated staff to work with each person. They reminded them about the importance of asking people how they would like to spend the rest of their day, the personal care they needed help with and the medicines they required. When people arrived back to the service we saw positive interactions between people and staff who were smiling and listening to people and asking questions about their day. Where one person's behaviour challenged we observed that staff used deflection techniques and offered them a relaxing foot spa which they appeared to enjoy.

People were given space to relax by themselves after their day out, if they wished. We observed one person go to use the computer in the reception area and later to their room to use their mobile phone. Some people went to the communal kitchen where they played board games with staff and we heard light hearted conversation and laughter between them.

People were encouraged to form friendships outside of the service. Patio doors led out to a large communal garden with decking and this overlooked a lake. One person asked to go for a walk in the garden and staff reminded them to put their coat on as it was cold outside and saw they were provided with companionship by a member of the staff team. The deputy manager explained that during the summer, barges docked by the lake and the person had formed a friendship with a family who owned a boat. They told us they had accompanied another person to a club that was run by people with complex needs, which was for people with complex needs and the person who attended was "delighted" as they had never been to a club before.

Staff told us how they developed positive relationships with the people they cared for and what they enjoyed about working with people who used the service. One staff member said, "It is a respite so while we are here we have to make sure we make them feel special." Another staff member commented, "They do what they do and they always treat this place like a hotel and they are our guests, as I would expect if I was visiting a hotel. Working to promote positive behaviour is the best thing about the service. I like what the organisation stands for; I'm here to make a difference."

Care notes reflected people's specific cultural needs. Staff recorded how people chose to wear culturally appropriate clothing, the religious days they celebrated, such as the Muslim festival of Eid, and the types of food they liked based on people's individual preferences. The languages people spoke and their preferred method of communication was noted in their care records. These showed that one person spoke Bengali and English but preferred to reply in English and Makaton. Another person's notes were written to demonstrate they used sign language and Makaton but could also communicate with the help of pick and point.

People and their relatives told us they were treated with dignity and respect. We saw staff knock on a person's door before entering to ask if they would like to speak with us. Staff described to us how they ensured people were respected by explaining to them what was happening during their day, being discreet when discussing people's needs, and closing curtains and doors when they helped them with personal care.

Requires Improvement

Is the service responsive?

Our findings

People's care plans had not always been reviewed and updated to ensure the service was responsive to their changing needs. Care plans lacked detail and guidance for staff to follow on how to support people. We saw there were assessments in place provided by the local authority and these contained essential information about each person about their overall support needs but some people's needs required a review by the placing authority. In one person's records we noted that key information about changes in their needs had last been reviewed in 2015. They had a short break planner to demonstrate the activities they enjoyed but records showed this was last updated in 2012. A second person's care plan had not been reviewed since 2014 and in a third it was noted that a person's goals and how they were going to achieve these had not been reviewed since 2011. This person also had a hotel planner to show the activities they liked to partake in but this was last updated in 2011. This meant some people's needs had not been fully assessed and identified to ensure that people received person centred care.

Before we checked people's records the provider told us that some files were being updated and acknowledged the shortfalls we found. They told us they were in the process of speaking with people and their relatives as part of the process, and relatives we spoke with confirmed this was being done. In one person's care records there was an up to date assessment provided by the local authority in September 2017. Records showed the person's diagnosis, what they liked to do and their health conditions.. For a second person, their support plan showed how they liked to communicate and that staff should give the person time to speak. Notes were written on how they enjoyed their free time such as going on outings to cafes and museums, and that they managed their own finances. Their medical conditions were listed. The outcomes showed how they liked to maintain their independence and liked to be supported with socialising. For a third person, records showed how they supported the person to manage trips and slips and noted that their views must be supported.

New care plans had been produced in a pictorial format and for one person we saw information was written in a person centred way and included up to date information. One person's records showed what the person liked to do every day, for example, stay at home and play on their ipad and during the weekends stay at home and spend time with their family. They needed full staff support with their mobility. A psychiatrist assessment had been done and notes showed that they wished to be supported by staff of the same gender.

People and their relatives told us about the activities that were available for people to participate in, and the things they liked to do. Photographs of outings and trips people had attended with staff were displayed in the communal areas of the service. On both of the days we visited the service everyone was out at the day centre with the exception of one person. When we arrived we saw they were in the reception area working on the computer. They told us they were doing their homework which they enjoyed and showed us examples of what they had achieved so far. We saw they were given one to one support by staff who took them out to lunch and to the local market. Later on in the day the person came into the communal area to show us their favourite coloured lipstick and staff complimented them on their personal appearance. Relatives told us that when their family members returned home staff updated them on their stay at the service so that relatives were kept up to date with relevant information about their family member.

Information about how people could make a complaint if they were unhappy with the service was included in an easy read 'guest guide' which was given to them when they came to stay at Hotel in the Park. This included information about who the provider could escalate their complaints to such as the local authority but did not include any other external organisations, for example, the Local Government and Social Care Ombudsman (LGSCO). The guide documented that people could approach the Care Quality Commission (CQC) if they were not satisfied with the provider's response to their complaints. People and their relatives told us they had no complaints but would know how to raise any concerns they had. Complaints were recorded on file and these had been responded to and actioned within the appropriate timescales.

Requires Improvement

Is the service well-led?

Our findings

Audits of people's care records were being undertaken to bring these up to date and to check that the assessed care was being carried out. The provider's audits did not identify all the issues we found such as insufficient staff supervisions and incident report forms. Records showed the provider had discussed the shortfalls with staff during meetings about people's care records, health and safety checks and training. They were updating people's records on the provider's new paperwork. However there were large gaps identified in records. This included care plans, risk assessments staff supervision records and information about the home environment that had not been updated over a significant period of time. This meant that systems were not consistently monitored and action taken to improve the quality and safety of the services provided to people and there was not an up to date, accurate record for each person using the service as required. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had received a monitoring visit form the local authority in 2016 which highlighted the improvements they needed to make in relation to people's files and care records, staff training, the system of referrals and the incident reporting procedures.

A recent 'carers and parents' meeting had been held to discuss proposed changes to the way the service was delivered. The bi annual feedback forms were being updated for parents and carers. Satisfaction surveys had been completed and these comprised of exit interviews that people completed once they had left the service. This showed a high level of satisfaction with the overall care that was being delivered. Written compliments had been sent to the home by parents and carers thanking staff for the care and support that people had received whilst staying in the home.

Staff meetings were held to discuss health and safety and other aspects of people's care. Discussions included people's nutrition, room checks and that more details were required in people's inventories when they were checking into the service. Staff explained they enjoyed working as a team and told us the management team were approachable and listened to their suggestions. Staff spoke about the good relationships they had with the families who used the service and people and their relatives agreed with this.

The provider worked in partnership with external providers. Outside of the home there was a colourful mosaic sign that displayed the name of the service. The project manager explained how the provider commissioned the sign to be made by people with learning disabilities which aligned with the ethos of the service. During the first day of our inspection we saw children arrive from a local special educational needs school accompanied by their teachers. We saw that children prepared meals as part of their cooking sessions and used the communal lounge. The provider told us as people were out during the day this was helpful to the school to enable them to make use of the service's available resources and facilities.

The provider monitored the overall safety of their services through the use of the organisation's safeguarding quality safety report. This contained information about what people did not find safe about

the services and included information about learning from incidents. The report also highlighted the Care Quality Commission State of Care report and the implementation of the new key lines of enquiry, so that staff understood these and used this information to support good practice.

The registered provider is required by law to notify the Care Quality Commission (CQC) of important events which occur within the service and this was being done.

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 How the regulation was not being met: Care and treatment was not always provided in a safe way for service users as the registered person did not always assess the risks to the health and wellbeing of service users and did not always do all that was reasonably practicable to mitigate risks. Regulation 12 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: Systems or processes were not established and operated effectively to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1) (2) (a)(b)(c)