

# Otas Supported Living Limited

## St. Helens House

### Inspection report

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28 September 2022

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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

### About the service

St. Helens House is a care home providing accommodation and personal care to up to four people. They also provide personal care to people in supported living and their own homes. The service provides support to people with dementia, learning disabilities, autistic spectrum disorder, mental health concerns, older people, physical disability and younger adults. At the time of our inspection there was one person at the care home and six people receiving personal care in supported living services.

Personal care services were provided to people living in three supported living homes. They all have multiple occupancy not exceeding four people per house. All properties had an office and sleep in facilities available to staff, if required.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

No domiciliary care services were being provided at the time of inspection.

### People's experience of using this service and what we found

**Right Support:** Staff did not spend time with people to identify their interests and preferences. They did not plan, organise or support them to access a range of activities. A relative told us, "they don't take them anywhere," telling us staff they saw staff sitting and watching T.V. However, staff told us people would often to say "no, to choices (when offered) but will then ask us to walk around the park." Staff supported people to play an active role in maintaining their own health and wellbeing. Staff told us they prompted people to do things for themselves where they were able to. Relatives told us "they always have clean clothes." Staff, people and families knew how to make a complaint. Concerns were investigated and acted upon and assurance sought that people were safe.

**Right Care:** People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Staff told us about individual people's preferences and how they supported and respected their routines. Relatives told us "They know (the person), no complaints on the care."

Relatives told us the supported living home was "nice, warm and welcoming...It is the best place they have been in. They are safe." Staff told us they are always available and present to support people to cook their meals. People were supported to personalise their rooms and relatives told us their family member was happy and showed them around their room.

**Right Culture:** Staff knew and understood people well. Relatives told us the staff were polite, supportive and welcoming. They encouraged people to maintain relationships with family and friends. A relative told us "this is the first time I have had any piece of mind." Staff were restricting some people from going out freely

due to concern for their welfare. Staff told us how they accompanied people to the shops to ensure they were safe. For example, where people needed support regarding road safety. However, we found appropriate assessments and authorisations had not been conducted to support staff actions even though well intentioned. We found, some people in the supported living services did not have keys to access their properties and others were required to adhere to a curfew of 10pm or be locked out of the premises.

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

#### Why we inspected

This service was registered with us on 11 July 2019 and this is the first inspection.

We have found evidence that the provider needs to make improvements in four key questions; safe, effective, responsive and well led.

You can see what action we have asked the provider to take at the end of this full report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# St. Helens House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

St Helen's House is a 'care home'. People in this care home received accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. St Helen's House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is also a domiciliary care agency. It is registered to provide personal care to people living in their own houses and flats and specialist housing. At the time of our inspection the service was not supporting anyone.

This service also provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are required to be provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service is required to have a registered manager. A registered manager is a person who has registered

with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced on the first visit and subsequent visits to the service were announced. Inspection activity started on 10 August 2022 and ended on 28 September 2022. We visited the service on 10 August 2022, 13 September and 28 September 2022. The extended period of this inspection was to allow us to accurately establish the services being delivered at each of the premises.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also used information gathered as part of monitoring activity that took place on 22 June 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke to people who use the service, staff and relatives. We spoke to one service user, four relatives of people, four staff members and the registered manager. We reviewed three people's care plans, training records, personnel files and maintenance of the building records.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant 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.

### Assessing risk, safety monitoring and management

- ☐ Staff did not safely manage the living environment and equipment in it through conducting checks and taking action to minimise risk. For example; We found the risks of harm associated with loop and chain blinds had not been identified in a health and safety assessment. The fire detection and alarm equipment were not sufficient for the building or its use. The fire notice displayed the wrong contact details in the event of a fire and key operated window locks were inaccessible to aide escape. We referred these issues to the Kent fire safety team.
- ☐ The home environment was not safe to accommodate older people or those with a physical disability. For example, the stairs were narrow and steep presenting a risk of falls. There were no grip rails to assist people to support themselves move around the property. The kitchen was not easily accessible due to kitchen furniture obstructing the doorway. The sofas within the communal lounge were low and did not have appropriate arms to aide people to support themselves when trying to get up.
- ☐ People who needed support when they were distressed or anxious did not have guidance in place for how staff should support them. Staff told us how they would support the person and would seek advice from specialists such as the persons GP and mental health team if they witnessed changes in their behaviour. This information was not consistently recorded within care plans to help staff identify emerging risks or reduce the persons anxiety and risks they may present to themselves and others.

Risks had not always been assessed or appropriately managed. This placed people at risk of potential harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Learning lessons when things go wrong

- ☐ The registered manager shared learning across the service. Staff told us the management shared information with them as issues arose, speaking with them in person or as a team when things needed to be changed.

### Staffing and recruitment

- ☐ The registered manager did not consistently follow a safe recruitment process for staff. They could not be assured staff did not present a risk to people as the Disclosure and Barring Service (DBS) checks had not been commissioned by them. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- ☐ The registered manager maintained staffing levels that were required to meet people's needs.

### Using medicines safely

- ☐ People were supported by staff who followed systems and processes to administer, record and store medicines safely. We reviewed Medicine Administration Records (MAR) charts for a person and saw when medicine was given or offered it was appropriately recorded. Risk assessments were in place in the event the person declined to take their medication. These included information of how the persons presenting behaviour may change.
- ☐ People's behaviour was not controlled by excessive and inappropriate use of medicines. Relatives told us staff were "very good with the medicine if he gets agitated."

### Preventing and controlling infection

- ☐ We were assured the registered manager was supporting and encouraging visitors to safely visit and meet with people.
- ☐ We were assured that the provider was preventing visitors from catching and spreading infections. Practical measures were in place, such as hand sanitiser was available to visitors and staff checked visitor's temperatures prior to admitting them.
- ☐ We were assured that the provider was meeting shielding and social distancing rules.
- ☐ We were assured that the provider was using PPE effectively and safely.
- ☐ We were assured that the provider was accessing testing for people using the service and staff.
- ☐ We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- ☐ We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- ☐ We were assured that the provider's infection prevention and control policy was up to date.

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

- ☐ People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Staff told us they were confident at recognising and reporting abuse and would escalate concerns to a manager.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- ☐ The registered manager was not working within the principles of the MCA and if needed, appropriate legal authorisations were not in place to deprive a person of their liberty. No person had a deprivation of liberty order or Court of protection order in place. We found care plans included statements such as "a deprivation of liberty order would need to be put in place and "the person is "not free to leave without staff support." Staff told us they were unsure how to minimise restrictions on people where they had concerns for their welfare. . They said, "you can't guarantee their behaviour sometimes, it is a grey area...we need more guidance." Another staff member said, "we need clarity on what to do in the circumstances."

- ☐ Relatives told us their family member had previously complained of "too many rules." We found staff had not undertaken Mental Capacity Assessments necessary to determine whether an individual was able to make specific decisions about their welfare or choices. Authorities to restrict people's choices and movements had not been formally requested.

The registered manager did not act in accordance with the Mental Capacity Act 2005 where people lacked capacity to make decisions. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- ☐ Staff did not ensure a comprehensive assessment of each person's social, physical and emotional needs on admission or soon after. As a result, people's care plans did not have effective support outcomes they were working towards.

- ☐ People's care plans did not consistently identify their needs. We have reported on this in more detail in the Safe section of this report.

- Staff had not ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills assessments. Assessment forms did not contain details of medical conditions, mental or physical disabilities of the person.
- Staff had not completed functional assessments for people who needed them. This meant that staff did not have the information to understand people's distress.

People's individual needs and preferences were not assessed and met. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People were not supported by all staff who had received relevant and good quality training in evidence-based practice. We reviewed the staff training matrix and found not all staff members had completed training in the Mental Capacity Act or working with people with learning disabilities, autistic spectrum disorders or mental health. Staff told us they undertook refresher training and had regular supervisions and appraisals. We reviewed staff supervision notes, they lacked details of how they had assessed the staff members' performance in their role.
- Staff were supported to achieve their Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Adapting service, design, decoration to meet people's needs.

- The building had not been altered or adjusted to meet the needs of people with physical disabilities. We found the premises had steep stairs to the first floor, there was no level access, doors providing minimum opening space and bathrooms were not accessible or equipped with appropriate mobility aids such as hoists for people who required them.
- The building had not been decorated to be dementia friendly, the edge of steps was not marked to assist people to judge their depth. The lounge table was made of clear glass presenting a trip hazard, making it harder to see.
- The home environment had not been cleared to minimise distracting elements such as notices and folders/paperwork on the side boards in the kitchen. This can impact on the ability of some people to concentrate and focus and for others with dementia they may find their ability to understand what words mean and what a whole sentence is conveying.
- People personalised their rooms with items important to them. Signs were displayed on some people's bedrooms to identify their room and promote independence. Some people had access to private en-suite facilities.

The premises were not safe to use for their intended purpose. This placed people at risk of potential harm. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to live healthier lives, access healthcare services and support

- Systems were not established and effective to ensure consistent oversight of people's health and wellbeing needs. People did not have scheduled medication reviews or annual health checked. Staff told us "They (the person) takes their medication, which we give to him each evening. Sometimes he will remember and ask for it, otherwise we tell him to come and take it. He doesn't have any regular medical appointments, that tablet just seems to suit him."
- People did not have oral healthcare plans, individual to their needs. Staff did not support people to maintain good dental hygiene and attend regular dental appointments. For example, we found no care plan in place for a person who preferred to use dental mouthwash instead of cleaning their teeth.
- People were referred and had access to some health care professionals to support their wellbeing and help them to live healthy lives. For example, A chiropodist regularly attended to one person's needs every five weeks. Every Monday staff checked a person's blood pressure to identify a deterioration in their health. Staff told us "An optician comes to the house. (the person) was advised to have glasses, but they refused."
- Relatives told us staff took an interest in their family member and had arranged case conferences to review their care where there were concern for their wellbeing. Staff told us the persons social worker followed up on their concerns visiting the person to discuss the issues and check on their welfare.

Appropriate arrangements had not been put in place to meet people's needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were involved in choosing their food, shopping, and planning their meals. Staff told us they supported people to shop weekly and were aware of any dietary requirements. They ensured mealtimes were flexible to meet individual people's needs. Staff told us "sometimes they come into the kitchen and start opening the fridge door and cupboard. I ask them if they would like tea earlier if they are hungry."
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. Staff had worked with the Speech and language therapy team to identify and advise on foods and the preparation of them for people who had difficulty swallowing.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people always felt well-supported, cared for or treated with dignity and respect.

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

- ☐ Staff created a warm and inclusive atmosphere. Relatives described the homes as "always very welcoming, the place is very nice and homely." They liked the people who worked there and trusted them. Relatives described the service as "an accommodation provider with a lookout." They told us their family member acknowledges their vulnerabilities and has appreciated the support provided to them. They told us, their relative is now always clean and staff "keep on top of it" prompting him to wash and eat.
- ☐ Staff were patient and used people's preferred communication method to interaction with one another. Staff encouraged some people to adopt hand demonstrations to aid communication. This information was not detailed within their care plan.
- ☐ Staff knew people and could recognise changes in their behaviour and support them. Staff told us "We would know if they were unwell, if they haven't come out of their room by 1000am. They can get a low mood. We usually give a little knock on their door at 0900am, which they respond to verbally." Staff told us, when "they (the person) first moved here they didn't laugh at all, but in the last few months we can get a really genuine laugh from them, which is great."
- ☐ Relatives told us staff were supportive. They told us, their relative had a medical appointment coming up and "staff told them every day, so things were not sprung on them" and made them unsettled.

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

- ☐ Staff respected people's choices and wherever possible, accommodating their wishes. Staff told us people may decline choices of activities "but then later ask us to walk around the park." They told us the importance of being gentle and patient with people, approaching an issue creatively such as asking the person "where are you going? Can I tag along?"
- ☐ Staff supported people to maintain links with those that are important to them. Staff told us "progress may be slow, but it is there." The staff member described how a person's health and wellbeing had improved since receiving care. They are "much calmer, more polite, will sit and have a conversation, they are much more open... they are able to relate better to their family."

Respecting and promoting people's privacy, dignity and independence

- ☐ People had the opportunity to try new experiences, develop new skills and gain independence. Staff told us they were "interested in seeing improvement with the people, helping them develop life skills and better hygiene." They had discussed and agreed with people the best day to do their laundry and have a bath or shower.
- ☐ Staff knew when people needed their space and privacy and respected this. A relative told us "They (their family member) seems quite happy there, his needs are catered for...they have no complaints." They told us

although their relative still has rules they appeared calmer, settled and their speech more coherent. They are involved with choices and supported people to go out and see friends.

- ☐ Staff offered choices tailored to individual people using a communication method appropriate to that person. Staff told us people staying in supported living services sometimes stay out and they worry for their safety. They now provide them with a mobile phone to enable them to contact the staff when out. Staff told us, "We now know if he is coming home or staying out" and if they are safe.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- ☐ Staff restricted people's choices and control. We reviewed care plans and daily entries, these did not show choices had been offered to people or future activities considered or planned for them. Staff told us they had conversations monthly with people to review their care. A staff member told us, "They (the person) like to go out for a walk each day. He doesn't drink, go to the pub, cinema, work or education. He hasn't been on a holiday. The staff are looking at hiring a caravan to take a few of the service users away. He likes 80's music, in particular, Madonna. The staff get him music videos up on you tube to watch."
- ☐ People were supported to learn and improve their everyday living skills. We saw photographs of a person preparing their roast dinner and a full breakfast. Staff told us, they are always available to support people or cook for people and staff "prepare breakfast, lunch and dinner when they want it."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carer's, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- ☐ Staff did not support people with communication styles appropriate to them. We reviewed care plans stating people used pictorial aide to assist their understanding. Staff told us they did not use or have any communication tools available to facilitate conversation and decision making.

Improving care quality in response to complaints or concerns

- ☐ The registered manager addressed complaints. The registered manager has investigated concerns raised directly with them anonymously by letter. They had investigated the complaint, spoken with the staff member, reminded them of standards of conduct and undertaken assurance checks conducted to ensure the safety of people and staff.
- ☐ People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Staff told us they try to resolve issues as they arise and ask the person how they feel. A comment box was displayed on admission to the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- ☐ People were supported to participate in social and leisure interests. We reviewed daily notes for people and saw some people had been supported and encouraged to go for walks, shopping from local shops and attend social events. Care plan entries made by staff referred to people being happy on returning from home

visits and valuing their time with their family member.

- ☐ Staff arranged social activities to encourage and maintain relationships between people. A BBQ event was held in the summer and people from across the service attended. Staff told us they enjoyed the day.

#### End of life care and support

- ☐ Staff worked with health professionals to identify individual care and support. No person was receiving end of life care at the time of the inspection and do not attempt resuscitation forms had not been considered appropriate for any of the people.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- ☐ The service apologised to people, and those important to them, when things went wrong. Staff told us how they had explained to people when and why they had changes practices in the home to improve the quality of life for people.

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

- ☐ The registered manager had not ensured peoples tenancy agreements reflected care arrangements in place. This meant staff were unsure what the person needed to pay towards things such as buying their own food.
- ☐ The registered manager did not understand or demonstrate compliance with regulatory and legislative requirements in relation to assessing people's mental capacity or the application of deprivation of liberty orders/court of protection orders. People had restrictions placed on their choices without having undertaken mental capacity assessments.
- ☐ Governance processes were ineffective and failed to ensure accurate records were kept of the quality of care. Audits conducted on the home environment including fire risk assessments had not identified risks that placed people potential at risk of harm in the care home. Daily care entries for people referred to medication taken, and food eaten by the person but there was no reference to choices, care or activities undertaken. The staff training matrix was incomplete and failed to include members of staff such as the registered manager. Staff supervisions were held irregularly and the records incomplete. Actions identified for staff were not reviewed in a timely manner. For example; a staff member was advised to be more proactive, "to come up with activities with his client and ensure this is evidenced."
- ☐ Staff were able to explain their role in respect of individual people without having to refer to documentation. Staff told us of people's preferences, their routines and how they were required to support them.

Continuous learning and improving care

- ☐ The registered manager did not have effective systems and processes in place to demonstrate continuous learning and improvement. Staff told us the inspection had been "a learning curve" and the management had called them individually or visited them to shared information and changes across all their site driving improvements. For example, reducing unnecessary signage throughout the home, as this may impact on the ability of some people to concentrate and focus. It also provides a more homely environment.
- ☐ The registered manager told us they did not maintain a register to record verbal or written complaints. They did not record lessons learnt and how this had been shared with the staff to improve practice.



Systems or processes were not established and operating effectively to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had sought feedback from people and those important to them and used the feedback to develop the service and staff. They had identified themes and shared them with the staffing team including actions they proposed to address the issues raised. For example; staff had raised issues with how shifts were allocated. Staff told us they felt listened to and involved in how the service operated.
- Staff worked with people to improve their quality of life. The registered manager supported a person to move addresses to an area familiar for them helping them maintain regular contact with friends. The persons relative told us "they seem happy there, their friends are up the road, they don't need to travel anymore."

Working in partnership with others

The registered manager worked effectively with specialists to obtain assessments. For example, a speech and language therapist had assessed a person who had experienced difficulties eating and swallowing. Safeguarding concerns were brought to the attention of the persons social worker and multidisciplinary meetings held where appropriate to mitigate risks. Staff told us "all partner agencies come together and work with the family member, we are pleased with the improvement."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to promote a culture of care in which staff felt valued and cared for people's individuality to help them flourish. Staff told us "I love my job it is interesting," whilst other said they enjoyed "making a difference, contributing and solving problems."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. Staff told us management operated an open-door policy, including for personal issues." And that "They (staff) are nice people, they tell me what I need to do."
- Managers worked directly with people and led by example. They responded to questions and information from professionals in a timely manner. We saw staff updating a person's care plan to reflect the findings and recommendations of the speech and language therapist and printing off guidance for staff for people with specific dietary needs.

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  Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Appropriate arrangements had not been put in place to meet people's needs and preferences were not assessed and met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The registered manager did not act in accordance with the Mental Capacity Act 2005 where people lacked capacity to make decisions
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks had not always been assessed or appropriately managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The premises were not safe to use for their intended purpose.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Personal care

Systems or processes were not established and operating effectively to assess, monitor and improve the quality and safety of the service.