

Real Life Options

Real Life Options - 18 Bisley Drive

Inspection report

18 Bisley Drive
South Shields
Tyne and Wear
NE34 0PY

Tel: 01914544871
Website: www.reallifeoptions.org

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30 June 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

The last inspection of this care home took place on 18 September 2014. The service met the regulations that we inspected at that time.

This inspection took place over 21, 27 and 30 June 2016. We gave the service 24 hours' notice about the visit.

Bisley Drive is a short-break service providing care and support during a holiday-style stay for people with a learning disability, some of whom may have physical disabilities. The service is registered to provide seven places. There were five people staying there at the time of this inspection. The service does not provide nursing care.

The service had a registered manager. 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.

For some people there were no capacity assessments or best interest decisions recorded for restrictive practices, for example use of bedrails or wheelchair straps. This meant they were potentially restricted without the proper authority to do so.

Some people's individual care records did not accurately reflect their needs or were incomplete. This meant that it was not always possible to be clear if a person was supported in the right way.

During this inspection we identified two breaches of regulations. You can see what action we told the provider to take at the back of the full version of the report.

People said they felt safe and comfortable at the service. They said they enjoyed their holidays at Bisley Drive and regularly stayed there. A relative said, "My [family member] has been using the service for years. They like it and we've had no problems with it. They're well looked after."

People, relatives and staff felt there were always enough staff to help people to have an activity-based holiday. The registered manager said staff were "very accommodating" and flexible to work at short notice if more staff were needed to meet guests' needs.

Staff were vetted before they started work at the service to make sure they were suitable to work with vulnerable adults. The staff managed people's medicines in a safe way for them. Staff were clear about how to recognise and report any suspicions of abuse. There were clear systems for staff to be able to raise concerns.

People told us staff were "good" at their jobs and relatives told us staff were competent and skilled. One

relative said, "The staff training is good. A lot of them have worked there for years and they're very experienced – I can't fault them."

Staff told us they felt they received sufficient training to carry out their roles. One support worker told us, "I had lots of induction training before I even started. They make every course available to you and then mandatory training is annual."

People's views about the service were very positive. One person told us, "I like it very much. I really enjoy it." Relatives told us, "All the staff are very nice," and "it's small and friendly". One relative commented, "The atmosphere is very good. They keep it well decorated and furnished so it's a nice place to stay."

There were friendly relationships between the people who were staying there and the staff members. One person commented, "I really like the staff, they're all lovely." Staff felt their colleagues were caring and supportive towards people. One newer staff member told us, "I can honestly say I've never met a nicer group of care staff. They're so patient and understanding."

People said there was a range of activities to choose from during their stay. People said they were asked what they would like to do before they stayed at the service and this was arranged for them. Relatives and staff felt activities could be a bit limited for some people since the service no longer had a vehicle.

People were able to show if they were unhappy about a situation. Relatives had information about how to make a complaint and said they felt able to raise any issues.

Relatives felt the organisation was well run and that the registered manager was "open and approachable". Staff felt supported by the registered manager and said they did a "fantastic job".

Staff felt valued and informed by the provider. Their comments included, "The organisation makes me feel like it's a worthwhile job that we do" and "they keep us informed". The provider had a quality assurance system to check the quality and safety of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to report any concerns about the safety of people who stayed there.

There were enough staff to support people in a safe way during their stay. The provider checked potential new staff to make sure they were suitable.

Medicines were managed in the right way.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The service had not always carried out assessments to check whether some people were being unnecessarily restricted or deprived of their liberty during their stay.

People were supported by staff who were well trained in health and safety and care.

People's individual nutritional preferences and needs were catered for during their stay.

Is the service caring?

Good ●

The service was caring.

People said they liked the staff and enjoyed their friendly conversations.

Staff were cheerful, patient and supportive towards the people who were staying there.

People were treated with dignity and their choices and decisions were respected.

Is the service responsive?

Requires Improvement ●

The service was not fully responsive.

Some people's care records were not always complete. This meant some people might not always get the right support when they needed it.

People enjoyed an activity-based stay, although staff and relatives felt this was limited for some people due to the lack of transport.

People felt they could say if they were not happy about anything and relatives knew how to raise any issues.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager who was well-regarded by people, relatives and staff.

Relatives and staff felt the service was well-run and in the best interests of the guests.

Checks were carried out of the safety and quality of the service.

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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.

The inspection visits took place on 21 and 27 June 2016. The provider was given 24 hours' notice because the location was a small short-break service for people who are often out during the day; we needed to be sure that someone would be in. On 30 June we contacted relatives for their views of the service.

The inspection was carried out by an adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with other information about any incidents we held about the home.

We contacted commissioners of the local authority as well as social care professionals to gain their views of the service provided at this short-break service. We contacted the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. None of these agencies had any information of concern about the service at 18 Bisley Drive.

We spent some time with the five people who were staying there and joined them for an evening meal. Some people had limited communication so after the inspection visit we contacted relatives for their views. We spoke with the registered manager, team co-ordinator and three support workers.

We looked around the premises and viewed a range of records about people's care and how the service was managed. These included the care records of five people, the records of three staff, training records and quality monitoring records.

Is the service safe?

Our findings

The people who were able to express a view told us they enjoyed coming to stay at the service and were frequent visitors. They said they felt comfortable and safe at the service.

A relative told us, "My [family member] has been using the service for years. They like it and we've had no problems with it. They're well looked after."

Staff told us and records confirmed they completed annual training in safeguarding adults. The staff we spoke with all said they knew how and when to report any concerns and would have no hesitation in doing so. One staff member told us, "It's definitely safe. We do constant checks to make sure guests are safe. If I ever thought there was a concern I would be happy to raise it."

In the past year the service had taken the right action to report two minor incidents to the safeguarding authority. These were about minor altercations between guests. The health and social care professionals we contacted said they had no concerns about the safety of people whilst using the service.

The provider had a clear whistleblowing policy for staff, which included a confidential hotline for staff to ring if they had any concerns. There was an 'It's Safe to Speak Out' poster in the hallway to remind staff of their duty to contact the provider if they had any concerns.

Risks to people's well-being, for example mobility, bathing and accessing the kitchen, were recorded and made available to all staff during each person's stay. We noted that where this information was recorded on a 'general risk assessment' form it was not always dated so it was not possible to determine if this information was current. Staff told us the general risk assessments were an old record format and that the information was being reviewed and re-written onto individual risk assessments on a new format called 'stay safe'. Where the new format was in place for some people the information was detailed and included control measures to reduce the risks. This work was on-going at the time of the inspection.

There were no premises risks seen during this inspection. Staff carried out weekly health and safety checks of the building. The registered manager carried out quarterly checks of equipment and utility services to make sure the necessary tests by external contractors were up to date. For instance, these included gas servicing, legionella testing, and fire safety equipment checks. The provider employed a health and safety officer who was available for advice about safety of the premises and equipment.

Reports of any accidents and incidents were overseen by the registered manager and were sent to senior managers. There had been only one injury of a guest over the past year which had an unknown cause. Staff had taken appropriate action to seek medical attention and to report it to all appropriate agencies. There was a contingency plan with arrangements in the event of any type of emergency, including evacuating people from the building and arranging alternative accommodation if necessary. The plan was in the office and was accessible by staff.

There were individual personal emergency evacuation plans (PEEPs) for each of the guests who stayed there. The plans were detailed and included the specific support each person would need in the event of an emergency, either during the day or during the night. The service had evacuation equipment, such as a grab mat, to support people and staff were able to describe how they would use this. People with mobility needs who stayed at the service always had ground floor bedrooms and there were level exit doors from the building.

There were enough staff to make sure people's physical needs and social care preferences were met. The registered manager described how staffing was flexible depending on the number of guests and the activities they had said they wanted to do as part of their pre-stay discussions. They told us if a person had requested a certain activity or needed specific support in the community they made sure there were enough staff during the person's stay to achieve that.

The registered manager commented, "The staff are really good and very accommodating. They will come in at a moment's notice if they are needed for extra activities or if people come to stay as an emergency."

At the time of this inspection there were five people staying at Bisley Drive. One person needed one-to-one support at all times and another person needed one to-one support when they were out on activities because of their mobility needs. There were four support workers on duty. This was enough to make sure people's individual needs were met whilst enjoying a fulfilling holiday break. Staff rotas for the month showed there was always a minimum of three staff on duty through the day. At night there was one waking support staff and one sleep-in staff member.

People said they were pleased there were familiar staff at the service when they stayed. There had been a small number of changes to staff over the past few months and two new staff members were being recruited. Also one member of staff was on long term sick leave. Staff said that any gaps in the rota were covered, wherever possible, by existing staff. One support worker told us, "It's been a bit of a juggle due to changes and sick leave but the staff are a good team and we work together to make sure everyone gets out on their activities."

The provider's recruitment practices included applications, interviews and references from previous employers. The provider also checked with the Disclosure and Barring Service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure that staff were suitable to work with vulnerable people.

All of the people who stayed at the service were supported by staff with their medicines. There were individual risk assessments about this for each person. Before people came to stay a pre-stay check was carried out by telephone to see if there had been any changes to their well-being and to their medicines. On arrival people's medicines were checked and recorded onto a medicines administration record (MAR). The MARs included the name of each medicine and dosage times as well as a photograph of the person, their GP details and any allergies. Staff also used a prompt poster to remind them which person required medicines at which times of the day.

Medicines were stored in a locked cupboard and only one designated responsible staff member on each shift held the keys for this. The temperature of the store cupboard was checked twice daily. This was to make sure it was at an acceptable ambient temperature for the safe storage of medicines. Some people had controlled medicines (that is, medicines that are liable to misuse) and these were stored in a separate medicines cabinet. Staff recorded the administration of these medicines in a controlled drug register as well as the MARs.

Staff who were responsible for administering medicines had suitable training in safe handling of medicines. They also had annual written and practical competency checks by the management team to make sure they were carrying out safe practices when supporting people with their medicines. We noted one recording error and told the registered manager about this for their attention.

Is the service effective?

Our findings

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

In 2015 the provider began to make applications to the local authority about some of the restrictions placed on people during their stay at Bisley Drive. This was because many people were not able to access the community without staff supervision whilst staying at Bisley Drive. Since April 2016 the service had made DoLS applications in respect of 41 people. The service was planning to make applications, where applicable, in respect of remaining guests in advance of their next stay.

There was evidence of MCA assessments and 'best interests' decisions being carried out for some of the people who required equipment to support their safety, for example the use of bedrails. For other people we did not see any capacity assessments or best interest decisions recorded for restrictive practices, for example use of bedrails or wheelchair straps. This meant appropriate measures were not always in place to make required assessments in line with MCA and DoLS legislation.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people who used the service had behaviours that could challenge the service. For some of those people the assessment about their needs was recorded on a 'general risk assessment' form in amongst various other potential risks such as diet, personal care and mobility. This meant the risks around people's behaviours were not immediately identifiable. Also some of the assessments about behaviours were not sufficiently detailed. For example, one person's assessment stated, '[Person] can suffer bouts of bad behaviour due to anxiety.' The control measures to manage the behaviour were recorded as 'support [person] correctly and recognise triggers'. However there was no detail of what the triggers would be or how best to support the person. This meant staff may not be supporting people in a consistent way which could potentially exacerbate a person's frustration and anxiety.

Staff had completed training in positive behaviour intervention, called Team Teach, to support people using de-escalation and diversion techniques when they were upset. None of the people who used the service required physical intervention from staff. Staff said they felt confident in supporting people by talking to them and diverting them away from the source of their unhappiness.

People told us staff were "good" at their jobs and relatives told us staff were competent and skilled. One relative said, "The staff training is good. A lot of them have worked there for years and they're very experienced – I can't fault them."

Staff told us they felt they received sufficient training to carry out their roles. One support worker told us, "I had lots of induction training before I even started. They make every course available to you and then mandatory training is annual."

The staff training matrix showed each staff member received relevant training in care and health and safety, such as food hygiene, first aid and fire safety. Over two-thirds of the support staff members had achieved appropriate qualifications in care, such as national vocational qualifications in health and social care. The remaining staff were working towards these.

Some training was computer-based so staff were responsible for completing this themselves at the required intervals. Although all staff had previously completed all the necessary training, some staff members were ready for renewal of some areas of training. One staff member said "Training is a bit 'full on' as we have to do it annually. But if you ask for specific training they try to arrange it, like I've asked for training in Makaton and the manager is trying to source it." (Makaton uses signs to support people with their communication.)

Staff felt supported in their roles through individual supervision sessions with the registered manager or team co-ordinator. Supervision provides an opportunity for individual staff members to have a two-way discussion with a manager about their role, expected practices and training needs. Staff told us and records confirmed they had supervision sessions every two or three months. Supervisions included discussions about safeguarding procedures, training needs, safety issues and any issues relating to guests. Each staff member also had an annual appraisal of their performance and development with the registered manager.

Some people who used this service had physical disabilities. The house had a level entrance and had two ground floor bedrooms that were designed to accommodate people with mobility needs. These rooms were spacious enough to turn wheelchairs and had overhead tracking to support people who needed to transfer by hoist. Between these rooms there was a ground floor bathroom with overhead tracking, an assisted bath and a wheel-in shower. Most of the accommodation for people was comfortable, bright and well decorated. Although there were no safety issues in the home, the ground floor bathroom would benefit from cosmetic attention. For example, it had a rusting radiator and bin, and no shower curtain to protect people's privacy when using this room.

People said they "really enjoy" the meals during their stay and said staff were "good at cooking". Care records about each person contained nutritional information about their eating and drinking needs. This included, for example, any special dietary needs such as gluten-free or soft meals for people who found it difficult to swallow. If people had input from speech and language therapists or dietitians, copies of their guidance was placed on the kitchen wall as a prompt for staff during the person's stay.

When guests arrive they were asked if they would like to plan their own menus. People told us they were always offered a range of choices for meals and these included healthy options. We joined people for an evening meal and choices included chicken curry with rice, jacket potato with tuna or scrambled egg and beans on toast. People and staff dined together. This made it a sociable occasion. It also meant staff could provide support and supervision to people who needed this at mealtimes. In this way people's nutritional needs were met during their stay.

Each person had a hospital passport. This was a written record of needs, abilities, communication, mobility

and medicines in the event that they needed to go to hospital as an emergency during their stay at the service. People were also supported to access local community health care services if necessary during their stay. For example a community nurse visited the service to provide one person's insulin injection whenever they stayed at Bisley Drive.

There were records of any guidance from community or specialist healthcare professionals, such as speech and language therapists. This meant people's health needs were managed during their stay.

Is the service caring?

Our findings

People's views about the service were very positive. One person told us, "I like it very much. I really enjoy it."

Relatives told us, "All the staff are very nice," and "it's small and friendly". One relative commented, "The atmosphere is very good. They keep it well decorated and furnished so it's a nice place to stay."

We saw there were friendly relationships between the people who were staying there and the staff members. The people we met had all stayed at the service several times before and said they were fond of the staff. One person commented, "I really like the staff, they're all lovely." Staff told us they got satisfaction from supporting people to have a good holiday. For example, one staff member told us, "It's lovely to hear people say they look forward to coming back."

Staff were cheerful and helpful towards people. We saw them enjoying appropriately friendly banter that showed staff were very familiar with and sensitive to people's individual communication methods. We saw that people were included and involved in all conversations.

Some people who came to stay at the service had limited communication, and used non-verbal methods such as noises and gestures. We saw in care files that each person had a detailed communication passport that clearly described how they expressed themselves. This included, for example, a description of how each person showed they were happy, excited, in pain or worried. For instance one person's communication passport stated the person used eye contact and pointing to make choices, and would bite their hand when they were not happy with a situation.

People told us they made their own choices when staying at Bisley Drive, for example about meals and activities. Staff encouraged people to make their own decisions. For example, one staff member commented, "People say to us, 'can I do this?' and 'can I do that?'. We say to them, 'It's your holiday, you can do whatever you want'."

The staff were patient, encouraging and supportive when talking with people. Staff gave people the time they needed to process choices and make a response. This meant people were not rushed or overwhelmed to choose.

Relatives felt their family members were treated with dignity and respect when they stayed there. Staff spoke about people in a respectful and empathetic way. Staff described the people who used the service as 'guests'. This promoted the fact that people were customers of the service. Relatives also felt supported by the service. One relative told us, "They've been great with us parents as well as my [family member]. It's been our lifeline and they're well looked after so it's peace of mind for us."

Staff felt their colleagues were caring and supportive towards people. One newer staff member told us, "I can honestly say I've never met a nicer group of care staff. They're so patient and understanding. Their priority is definitely the guests." Another staff member commented, "All the staff I work with are definitely

caring and patient. They are lovely to talk to and very helpful to guests and to each other."

The service also provided emergency care and accommodation if people needed to come in at very short notice (for example if a relative was ill). In cases where people needed support about this the service arranged for people to have assistance from local advocacy services.

Is the service responsive?

Our findings

We found the quality and completeness of care records was variable. For example, some people had behaviours that could challenge the service. However for some of those people there were no support plans to show what could trigger their behaviours or what support staff should provide. For others there was a new 'positive handling plan' which showed the triggers and techniques staff were to use to support the person with their individual needs. The new positive handling plan indicated that the person's relative had been involved in agreeing to the plan.

There were no support plans about when to provide 'as and when' medicines for example, for pain relief or anxiety. A staff member on duty during this inspection was able to clearly describe the changes in a person's behaviour when they required anti-anxiety medicine for example, pacing, sweating and unable to sit still. However there was no specific support plan or guidance for staff to determine when the person was agitated to the degree that they needed to take this medicine. This meant staff had no guidance to make a consistent judgement about supporting this person in a personalised way that met their individual needs.

Some care records were not dated so it was not possible to determine if these were current. Some care records were not complete or had not been signed by staff members to show they had read them, which was contrary to the provider's own policy.

The incomplete information in people's care plans meant that we could not be sure that people received personalised care that was specific to their individual needs. The lack of guidance about how staff should be supporting people could lead to inconsistencies in care delivery.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had recently developed new care records and these were being introduced at the service. Where new care records had been completed for some of the guests, these were personalised and very detailed. At the time of this inspection the new care records were still being introduced so this was on-going developmental work.

In discussions staff were knowledgeable about the individual preferences and needs of each of the people staying there at the time of this inspection. Relatives felt the support people received was personalised and individual. They felt there was good continuity of care at the service. For instance, one relative commented, "It's the same regular staff and they know people very well."

Before people came to stay the staff contacted them, or their relatives, to ask if there were any particular activities they would like to do. People and staff told us about the range of activities they took part in. These included bowling, cinema, shopping trips to Newcastle, pub lunches and a local social club activity centre where they enjoyed discos and karaoke. In-house activities included Wii games, x-box, crafts and baking sessions.

One person commented, "There's plenty to do when I stay – there's always something on." One person told us, "We go out a lot to different places. We've been out all day today. We walked our feet off but it was great. We're going out tonight as well!"

Staff told us activities were decided by the guests who were staying and this could change on a daily basis depending on their choices. For example, one staff commented, "It's definitely an activity-based holiday for people. They tell us what they want to do and we arrange it." Another staff commented, "Today people wanted to go to the beach and then to the park to feed the ducks so that's what they did. If there are any specific requests for activities we plan it into the staff rota for that person's stay."

The service had previously had its own transport however due to costs the vehicle was no longer available. People and relatives felt this was a disadvantage given that this was an activity-based short break service. One relative commented, "It's a shame they've lost the car. It makes activities very restricted now because they can't always get wheelchair accessible taxis when they want them."

Staff also felt this was an area that affected some people's enjoyment of the service. For example one staff member commented, "When the car was taken away it had a massive impact on some people's activities. Not everyone can use public transport so we have to try to book disabled-access taxis and that means we can't just go out at the drop of a hat." Another staff member told us, "Some people just used to love going out in the car for a drive around, especially those people with autism who can't cope with buses or the metro."

There was a complaints procedure that was in pictorial and easy read format. The complaints procedure was in the hallway for people and visitors and included the contact details of senior managers.

People told us they would feel able to raise any comments if they were dissatisfied with the service. One person told us, "If I wasn't happy I know I could tell [registered manager] or the staff." Another person commented, "Sometimes other guests are very loud so I just let the staff know."

Relatives also felt confident that they could raise any issues. For example, one relative told us, "If we had any problems we would go straight to [registered manager] to talk about it – we would be able to do that no problem."

The registered manager kept a log of any complaints received included the nature of the complaint and action taken. There had been only one complaint recorded in the past year which related to the fact there was no longer a house vehicle available for people to use. The complaint log did not record the outcome of the complaint.

Is the service well-led?

Our findings

People told us they liked the registered manager and staff and felt the service was "very good". Relatives felt it was a well-run service. They told us the registered manager was open and accessible. For example, one relative said, "The manager is very approachable. She's always willing to listen."

Staff said the service was run entirely to give the guests a good holiday. One staff member told us, "I would highly recommend it to people. Also as a place to work. Not many people can say they look forward to going to work!"

The service had a registered manager who had been in this role since November 2014. The registered manager was also responsible for managing another service operated by the same provider, so spent half of their week at each service. The registered manager was supported by a team co-ordinator who also worked across both services.

Staff said they felt well supported by the registered manager and team co-ordinator. For example one staff member commented, "They are very good, you can go to them at any time and [registered manager] does a fantastic job."

Staff also commented positively on the provider. One staff commented, "It's a good organisation to work for. If you have any employment issues you can ring them and they deal with it straight away." Another staff member commented, "There have been some changes but they keep us informed. The organisation makes me feel like it's a worthwhile job that we do."

Staff had meetings every one to two months where they could receive consistent direction and discuss expected practices. It was clear from the minutes of staff meetings that these were an open forum for staff to express their views and suggestions. The most recent meeting in June 2016 included instructions for staff about completing the new support plan format for the remaining people and timescales for achieving this.

The registered manager stated that people were given a satisfaction survey to complete after their stay at Bisley Drive, but said few were returned. We saw any responses were filed away in people's individual files and were not analysed or collated for any emerging trends or actions. In this way any positive comments or suggestions for improvement were not shared with staff or others in the organisation. The registered manager acknowledged that the questionnaire results could be used to develop the service. It was also noted that this had been identified as an area for action by the provider's own quality assurance process.

The provider employed a quality manager who carried out quarterly audits of the service at Bisley Drive. Recently audits had been carried out based on whether the service was 'effective' and 'responsive'. These were robust audits which included an action plan and expected timescales for completion and review. For example the audits had identified the shortfalls in relation to capacity assessments, survey results and support plans. At this time there was an action plan in place relating to the completion of the new care planning documents in respect of each guest. The area manager also received a copy of the audits so was

able to check the progress of any remedial action during their visits to the service.

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 9 HSCA RA Regulations 2014 Person-centred care People were not always protected from the risks of inappropriate care because care records were not always complete to ensure their needs were met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were at risk of being deprived of their liberty without proper authorisation.