

Dimensions (UK) Limited

Dimensions 5-6 Duchess Close

Inspection report

5-6 Duchess Close
London
N11 3PZ

Tel: 02083687131
Website: www.dimensions-uk.org

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection that took place on 9 December 2015. At the last inspection of 3 July 2014, we found that the service met the regulations we inspected against. At this comprehensive inspection the service was in breach of regulations.

The service provides care and accommodation for up to six people. Its stated specialisms are for learning disabilities or autistic spectrum disorder. There were five people using the service at the time of our inspection.

There was a registered manager in post. 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.

We found two breaches of regulations at this inspection. One breach was primarily because medicines were not properly and safely managed. Despite a practice of two staff signing for when people were supported with medicines, medicines records had occasional administration gaps. There were other anomalies with people's medicines records. We had to bring the written instructions for one medicine to the registered manager's attention, as there was a risk that the medicine would not have been administered as prescribed, which could have compromised the person's health and welfare.

A few premises and equipment matters were also a factor in this safety breach. Fire-prevention doors were propped open and some of the first aid kit stock was out of date. The premises were, however, kept clean and in reasonable overall condition.

The other breach was because there were occasions when there were not enough staff working to meet people's needs and promote people's health and welfare. There was only one staff member working to help people get up when we arrived at the inspection, which resulted in one person not having time to finish their breakfast before pre-arranged transport for them arrived. The same staffing situation occurred the previous day. There were also two occasions across the previous three weeks when only two of three scheduled staff were working during a weekday evening.

People and their relatives told us a good service was generally provided and people enjoyed living there. There was praise of the established and committed staff team, which helped positive relationships to develop with people using the service. People chose the activities they wished to do, and staff supported people well.

During our visit there was a warm, calm and inclusive atmosphere that enabled people to make their own choices and decisions. Staff we spoke with were knowledgeable about the needs and preferences of people they supported. They provided care and support in a professional and friendly way that was focussed on the

individual. They were trained and skilled in many areas relevant to meeting people's needs. Staff said they had access to good training and support.

People were supported to eat and drink enough and maintain a balanced diet. Staff knew people's dietary preferences and support needs. The service supported people to maintain good health, including through access to GPs and other community based health professionals.

Records were kept up to date and covered all aspects of the care and support people received. Support plans were detailed, regularly reviewed, and guided staff on how to meet people's individual needs and respect their preferences.

The service worked in line with the principles of the Mental Capacity Act 2005, including Deprivation of Liberty Safeguards (DoLS).

We found the service's registered manager to be approachable and responsive. He encouraged feedback, recognised service shortfalls, and helped to ensure the service promoted a positive and inclusive culture.

There were overall two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe. Medicines were not properly and safely managed, putting people at risk of not receiving medicines as prescribed. We also found a few premises safety matters despite the premises being in generally good upkeep.

Whilst the service had an experienced staff team, we found occasions when there had not been enough staff working to meet people's needs.

There were effective safeguarding procedures that staff understood, followed and there was no current safeguarding activity. Suitable staff were appropriately recruited.

Is the service effective?

Good ●

The service was effective. Staff were well trained, which supported people to receive effective care. The service worked in line with the principles of the Mental Capacity Act 2005.

People's specific dietary needs and preferences were recognised. Balanced diets were provided, and were monitored where needed.

People were supported to maintain good health and to access community health services.

Is the service caring?

Good ●

The service was caring. People's privacy and dignity were respected and promoted by staff. Staff provided support in a friendly and considerate manner. They listened to and acted upon people's choices.

Care was centred on people's individual needs. Staff knew people's backgrounds, interests and personal preferences well and understood their cultural needs.

Staff turnover was low, and there was a consistency of staffing, which helped positive relationships to develop with people using the service.

Is the service responsive?

Good ●

The service was responsive. People's support needs were assessed and agreed with them and their relatives, and were regularly reviewed. Their care plans identified the support they needed and records were reviewed to confirm they received it.

People chose and joined in with a range of recreational and educational activities at the service and within the local community.

The service had a complaints procedure. Relatives said that any concerns raised were discussed and addressed.

Is the service well-led?

Requires Improvement ●

The service was not always well-led. Whilst there were systems of auditing service performance, effective oversight of the service would have enabled the registered manager and the provider to have identified the breached regulations and taken action in a timely manner.

There was an enabling and positive culture that was focussed on people as individuals and encouraged them to develop.

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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.

This was an unannounced inspection that took place on 9 December 2015. Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised about people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector. There were five people using the service at the time of our visit. We spoke with two people, four staff and the registered manager. We also contacted people's relatives after the visit and received feedback in two instances.

During our visit we observed how care and support was provided to people in communal areas. We also checked the physical environment of the service. We reviewed two care plans for people who use the service and associated care records, along with various records relating to the management of the service such as staff rosters, training records and quality auditing documents. The registered manager also sent us copies of documents, at our request, following the inspection visit.

Is the service safe?

Our findings

People's medicines were not safely managed. Staff prompted people to take medicine or administered it as appropriate, however, they did not always refer to the medicines administration records (MAR) when doing this. We had to remind staff to sign for a lunchtime medicine on the MAR just before teatime medicines were administered.

We saw that people's medicine records were not fully completed and up-to-date. Despite having a system of two staff ordinarily signing for medicines, and staff handover sheets prompting staff to check that they had administered and signed for people's medicines, we found occasional gaps in the previous MAR cycle for four of the five people using the service. This was particularly on two specific days when the handover sheets did not confirm the completion of any tasks including medicines. There was a risk that people did not receive their medicines as prescribed at those times.

The previous MAR cycle also had the 9:00 medicine for one person signed as administered, however, another medicine at that time was marked as the person being away on 'social leave'. We checked the person's care delivery records and found no evidence of them being away from the service at that time. There was a risk that the person did not receive that prescribed medicine that day.

The medicine for one person was prescribed to change dosage the day after our visit. However, the MAR did not accurately guide staff on how to do this, to the extent that there was a risk that the person would not have received the medicine the day after our visit, or that the dosage change would have occurred a day late. We informed the registered manager of this, who altered the MAR to ensure the administration guidance was clear.

We also noted that there were no records of the quantity received of three of this person's medicines that the service had taken responsibility for. This made it difficult to audit the proper and safe management of these medicines.

The blister pack of 28 days' medicine for one person was missing the day 28 capsule. However, there was no record on the person's MAR to indicate what had happened to this capsule. This did not represent proper management of this person's medicines.

The same person was prescribed Paracetamol tablets on an as-needed basis. The current MAR documented 12 Paracetamol being delivered to the service with none carried forward from the previous cycle. However, we found 18 paracetamol available for this person in the medicines cupboard. A separate stock-checking document was also being kept. However, it listed only six paracetamol being available for the person across the previous four days. This was not proper and safe management of this person's medicines.

Two other people were also prescribed paracetamol tablets on an as-needed basis. The stock control sheet recorded no change in the number of tablets each of them had in stock since the start of November. However, their paracetamol packets in the medicines cupboards had a dispensing date of the end of

November. The medicines returns book additionally recorded twice as many paracetamol being returned to the pharmacist towards the end of November. This was not proper and safe management of these people's medicines because the stock control records were inaccurate across most of November.

Another person was prescribed liquid paracetamol on an as-needed basis. We noted there was no guidance in the medicines file on circumstances for the administration of the medicine. Checks of the person's medicines section of their care file contained no mention of the paracetamol. Without clear guidance in respect of this person's needs, and because the person communicated little verbally, there was a risk that staff may administer the as-needed medicine to the person unsafely.

One person was prescribed one or two spoonfuls of a liquid medicine four times a day. Administration records did not clarify whether one or two spoonfuls were given to the person. This was not proper management of the person's medicines.

One person was prescribed a nutritional supplement. MAR showed that it had been administered once a day for the last 30 days, which was in line with GP directions except on one day when it had not been signed for at all.

We noted that the keys to the medicines cupboards were regularly left available nearby. This compromised the security of the medicines.

We noted that a number of fire doors were wedged open in the property throughout our visit. Whilst this helped people to move about freely, the doors would not be able to close in the event of the fire alarm activating, which put people at avoidable risk to their safety were a fire to occur.

When we checked the emergency first aid kits in the kitchens, we found some items to be beyond their expiry dates. This included saline eye wash that had expired ten months ago. These items may not have provided the necessary emergency treatment if needed. When we checked the records of monthly checks of first aid kits, we found them to have ceased five months ago. These processes did not ensure that care and treatment equipment was safe for use.

The above evidence demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that staff were trained on medicines management. There were detailed assessments of each staff member's capability that took place annually. The assessments identified shortfalls that were rectified, meaning that the re-assessment process was set up to help ensure the proper management of people's medicines.

We noted that a pharmacist had audited the service's medicines seven months before our visit. A small number of non-urgent actions had been recommended, some of which we could see had been addressed.

A person using the service told us there were always enough staff. However, relatives felt that staff were very busy despite supporting people well.

When we arrived at the service, just after 9:00, there was only one staff member supporting five people. They told us the second staff member had phoned to say they were running late, and that staff member arrived within minutes. The roster showed they were scheduled to start work at 9:00, meaning that when the night staff left at about 8:00, only one staff member had been available to assist people to get up. Staff explained

that another staff member had called in unable to work that morning. Whilst the staff present worked well together to support people in a calm manner, one person had only just sat down to eat their breakfast and drink their drink before community transport arrived to take them to their day service. Staff supported the person to take some breakfast with them onto the transport, however, this was an avoidable situation had enough staff been deployed that morning. We also found that the person's one-page profile included that support with their morning routine was of primary importance to them, particularly their cup of tea.

We checked the roster to see what staffing had been provided across previous weeks. We noted that a 7:30 until 3:00 shift the previous day had not been covered, meaning, for example, that there may again have been only one staff member working between 8:00 and 9:00 that day. Staff handover forms for both of these days did not identify additional staffing during those periods, such as records of the waking night staff member leaving later to provide additional support. The registered manager told us he did not expect there to be only one staff member working with the five people using the service at that time. However, a copy of the staff roster for that week which was sent to us following the inspection did not identify that night staff had provided support between 8:00 and 9:00 on those days. This did not demonstrate that sufficient numbers of staff were deployed to meet people's needs at those times.

The staffing rosters sent by the registered manager following the inspection covered the three weeks prior to the inspection. When we checked them we found two occasions when Tuesday evening support was provided by only two staff members instead of the three that were ordinarily deployed during weekdays and which rosters showed were planned for Tuesday evenings. This also failed to demonstrate that sufficient numbers of staff were deployed to meet people's needs at those times.

The above evidence demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records demonstrated an appropriate staff recruitment procedure. This included application processes and a short-listing of prospective staff for interview. The interview included scenario-based questions to identify people's care skills and knowledge along with tests of English writing and numeracy skills. Identity documents were checked, written references were taken up, work history scrutinised, and disclosure and barring (DBS) security checks carried before people were confirmed in post. This all helped ensure that suitable staff worked with people.

Staff were enabled to protect people from abuse and harm by the provider's policies and procedures. Staff received induction and refresher training on how to recognise abuse and possible harm to people using the service. Staff feedback showed that they understood what abuse was and the action required if they should encounter it. Staff were also aware of how to raise a safeguarding alert and when this should happen. They told us contact details were displayed in the office and that a manager was available on-call at all times. There was no current safeguarding activity. Records and discussions with the registered manager showed that a previous safeguarding issue had been suitably reported, investigated, recorded and learnt from.

There were general risk assessments for the service that were reviewed and updated. These included for fire safety, infection control, financial abuse, and heatwaves. There were regular documented checks of the fire alarm system and emergency lights working, plus occasional fire drills to evaluate how effectively people were supported to leave the building.

The service carried out risk assessments that enabled people to take acceptable risks as safely as possible. This included activities at home, within the community and for evacuating the property in the event of fire. These were monitored, reviewed and adjusted as people's needs changed.

We noted that communal areas were clean, and we saw staff and one person using the service pay attention to maintaining cleanliness. For example, staff had easy access to personal protective equipment such as disposable gloves which they used and discarded appropriately. Food was appropriately stored in the kitchens. The registered manager explained ongoing work with supporting people to maintain appropriate levels of hygiene in the service.

Is the service effective?

Our findings

Relatives indicated that the service was effective, as they said they would recommend the service to others. They emphasised how dedicated staff were at trying to meet people's needs. One person told us, "I like the staff." A relative added that their relative "has come on in leaps and bounds since living at Duchess Close."

People's care plans included sections for health and nutrition. Weight records were being kept and staff monitored how much people had to eat where this was part of their care plan. We saw that people were supported to receive food that was in line with their care plans, for example, softer foods and vegetarian meals. Staff reminded one person to drink where this was an identified need. There was enough food and drink available in the service during our visit, and staff told us exactly what snacks people took from the premises' two kitchens if hungry.

Staff advised and supported people to prepare meals depending on their individual abilities. Care plans had information about the type of support required at meal times. People were asked what meals they wanted to eat, and were encouraged to take part in preparation depending on abilities. There was a balance between people eating the meals they enjoyed and eating healthily. Staff told us they had received training on nutrition, and so were more aware of balancing food groups to help people eat more healthily.

Staff said any health concerns were raised and discussed with the person's relatives and GP as appropriate. Records and staff feedback showed that the particular health needs of two people were being actively monitored at the time of the inspection. There was documented input from people's families about the concerns, evidence of liaison with involved community health care professionals, subsequent guidance to staff on advice obtained, and ongoing monitoring records to help provide further feedback to health care professionals.

The register manager told us about a significant health issue that arose for one person since our last inspection. With the support of community health professionals, specific guidelines had been established for the person and reliance on certain medicines had been reduced. Subsequently, through consistent staff support, the person's health needs had been addressed. We saw records which confirmed this. People had annual health checks and regular contact with relevant professionals such as opticians and dentists. Individual Health Action Plans had been set up and were kept up-to-date.

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).

We checked whether the service was working within the principles of the MCA. The registered manager told us that following assessment, everyone using the service was found to be at risk of having their liberty deprived by the continuous support provided by staff and because they were not necessarily free to leave the service. For example, whilst one person knew the key code to exit the building for things like taking the rubbish out, they were not assessed as capable of being safe in the wider community alone. Therefore, DoLS applications had been submitted to 'Supervisory Bodies' for everyone and outcome decisions were being waited on. The registered manager told us he was requesting updates on these applications. He demonstrated good understanding of MCA processes.

We received feedback from a community professional indicating that the service followed MCA processes, and saw that MCA processes in respect of specific people using the service were discussed in staff meetings. Staff had received training on the MCA and demonstrated understanding of MCA principles. This included that they had to acquire consent before providing people with support, and that people's right to refuse had to be respected but balanced with reasonable encouragement strategies where staff believed the support was in the person's best interests. We saw this occurred in practice.

Staff received update training on a regular basis. Staff feedback and records demonstrated that this included safeguarding, infection control, food hygiene, and equality and diversity. Seven of the staff had national qualifications in Health and Social Care. The provider's training process included online training assessments that staff had to demonstrate sufficient competency at. Records showed that the management team oversaw that training was kept up-to-date.

New staff received induction training that equipped them to support and meet people's needs. Records showed that the induction followed the national 'Common induction standards' and so was module based over 12 weeks. For a staff member who started six months previously, we saw that all modules had been completed although not yet verified for competency, which the registered manager agreed to ensure completion of. New staff shadowed more experienced staff as part of their induction, to increase their knowledge of the service and people who lived there.

Records and staff feedback showed that staff meetings, supervisions and appraisals provided an opportunity to identify group and individual training and support needs. Supervisions and staff meetings ordinarily took place at least every two months. Minutes of recent staff meetings included ensuring routine maintenance matters were being addressed, that staffing levels were reviewed, and that the specific current needs of people using the service were discussed including emphasis on planning community support and activities.

Is the service caring?

Our findings

Relatives confirmed that staff were caring and treated people respectfully. Their comments included, "Staff are dedicated and seem to genuinely enjoy working with residents" and "The staff all genuinely care and try to be as understanding as they can be." One person using the service told us that staff "treat me ok." We also received feedback from a community professional informing us of good interactions between staff and people using the service.

We saw staff treating people well. Staff listened to what people said and provided support in a friendly and helpful way. They consistently knocked on doors before entering people's rooms. We heard a staff member say, "Let me clean your glasses" to one person. Good attention was paid to supporting people with their appearance.

Relatives told us that people were listened to and their opinions respected. Comments included, "We know she is given choices." Staff gave us examples of how they respected people's decisions and preferences. They could explain how to offer specific people choices based on abilities, and they demonstrated good knowledge of people's preferences and how each person communicated this. Records showed that staff turnover was low, and there was a consistency of staffing. This all helped positive relationships to develop with people using the service.

During our visit people made decisions about their care and the activities they wanted to do. There were no restrictions on people's freedom of movement within the service. There were numerous positive interactions between staff and people using the service throughout our visit. For example, one person made their dinner with staff providing supportive oversight but not taking over.

People had individual communication plans and guidance that were well-developed, for example, to show what specific behaviours were thought to mean for people who did not communicate verbally, and to clarify which behaviours indicated positive and negative well-being. During our visit staff communicated with people in a supportive and clear way that enabled people to understand and respond to what staff were saying. People were given the opportunity to respond at their own speed.

One person needed some reassurance before going out to a college class. Staff provided it, whilst supporting the person to leave the service on time. The person later told us that staff had kept their word about something they had said as part of that reassurance. This helped to maintain a positive, trusting relationship with the person.

However, whilst we did not see instances of poor communication from staff to people using the service, we noted that there was limited use of supportive communication systems. One person's one-page profile and communication section of their care plan included that they used 'objects of reference' by which to guide and be guided by staff. When we asked a staff member about this, we were shown laminated symbol cards which the person may not have understood. The person's current goals in their support plan included for the development of new objects of reference, however, we were not assured that they were being supported

to maintain use of current objects of reference. The registered manager confirmed that whilst people were able to communicate with familiar staff, further work was needed to embed supportive communication systems where people benefitted from them.

Relatives said they were always made welcome and treated with courtesy. Staff told us they communicated with people's relatives, particularly in their role as key-worker for specific people. However, relatives felt that communication with them could be improved on.

We saw that the staff interview process included questions to help form a view on whether the applicant was caring. The registered manager told us the process was being redesigned to embed this further. People's right to dignity, privacy and respect was included in the induction training that was provided to new staff.

The service had an equality and diversity policy that staff were aware of, understood and had received training in. People's personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information helped staff to understand and respect people's needs and preferences.

Is the service responsive?

Our findings

Relatives indicated that the service was responsive. Their comments included, "As far as we can tell it caters for [the person's] needs reasonably well and the residents seem to complement each other" and that the person "has learnt many life skills so is much more independent." We also received feedback from a community professional indicating that people received individualised support.

There were individual support plans for each person explaining specific care needs, what the aim was in respect of each need, and how staff would provide support. These covered, for example, personal care, health matters and communication. It was backed by a person-centred plan that focussed on the preferences, skills, abilities and goals of the person, and by assessments of risk and the reduction of specific hazards relevant to the person's care and support. There were monthly progress reviews, which considered progress towards goals and general well-being, which were kept up-to-date. This all helped to provide a responsive service to people relevant to their needs and abilities.

We saw that people were being supported in ways that were responsive to their needs. One person had been recently prescribed glasses. Staff supported the person to wear them, and praised them when wearing them so as to help discourage the person from removing them. Another person had specific meal support needs which staff were seen to follow, and had the radio set to music which staff and their care plan indicated they preferred. Staff told us of how they had changed the support this person needed with meals, for example, recognising that they were "not a morning person," and so focussing more meal support to other times of the day. We noted that training records indicated that all staff were trained in supported people in an individualised manner.

People using the service and their relatives confirmed that people were supported to engage in a range of home-based and community activities that reflected their personal interests and supported their well-being. Each person had a weekly activity plan. The activities that took place included use of a sensory room at a community facility, aromatherapy, bowling, and college classes. Staff also told us of a recent weekend break at a cottage that some people had been supported to enjoy.

A staff member told us of how one person had been supported to re-establish going horse-riding. The person had developed reluctance, but by recognising what exactly was concerning them and with the support of extra staff at the activity for a short period, the person had overcome the difficulties. We saw people in the service to be engaged by jigsaws and the radio, along with interacting with staff. Everyone also went out early evening to a Christmas party organised by the provider for services in London.

People improved and maintained their life skills by taking responsibility for tasks with staff support depending on their needs, such as by promoting or via hand-over-hand support. This included for skills such as cleaning their room, changing their bed, making meals and drinks, and going shopping for personal items such as clothing. These were backed by skills development goals within care plan.

We noted that the service had had a vacancy for a number of months. The registered manager told us that

needs assessments had taken place for a number of prospective new people. However, the assessment process had identified that the service could either not meet the person's specific needs or that their needs had significant potential to compromise the ongoing health and wellbeing of people already using the service. We saw this as evidence of ongoing commitment to meeting the needs of people using the service.

Relatives told us that the service listened to any concerns they had, apologised where appropriate, and made efforts to resolve matters. The provider had a complaints procedure that was made available to people using the service and their relatives, including through easy-read format. The registered manager told us there had been no formal complaints at the service this year, although responses had been made where concerns had been raised. We saw that concerns communicated through the staff communication book were addressed.

The registered manager told us that there were quarterly meeting for people's relatives, along with 'Everybody Counts' meetings for people using the service with senior managers. Both processes were used to check if people had any concerns about the service. These had resulted in, for example, communication books being re-established as a means of the service communicating better with some relatives.

Is the service well-led?

Our findings

Our findings of breached regulations under 'Is It Safe?' indicate concerns with how well-led the service was, as effective oversight of the service would have enabled the registered manager and the provider to have identified the breaches and taken action in a timely manner.

We were shown the last annual report from the provider's quality auditing team, dated January 2015, which indicated high quality care at the service through the provider's quantitative checks. The service undertook subsequent quarterly audits that were reported to the quality auditing team for scrutiny. The last such report was dated October 2015 and indicated similarly positive results. However, it did identify that people did not have individual guidance on circumstances for the administration of any as-needed medicines, which we found to still be the case at this inspection, indicating the matter had not been addressed. Additionally, our findings of breached regulations from this inspection did not assure us that the provider's quality-auditing process was ensuring effective oversight of the service. Therefore, we judged that the service was not always well-led.

Relatives told us the registered manager was approachable and "easy to talk to," however, they felt he was managing too many services and so "does not have the time he should have to deal with things."

The registered manager told us they had managed the service for about two years. They had a national qualification for the role, but showed us that they were pursuing another such qualification in line with changed national guidance. They confirmed that they also managed another local service and so was at this service two to three times a week. However, there was a long-standing deputy manager working full-time at this service who handled much of the day-to-day management arrangements.

During our visit there was an open culture of supportive leadership. Staff told us that the registered manager and the deputy were accessible if they had any concerns or questions, and that they were very involved in how the service was provided to people. The registered manager demonstrated that he knew the service and people using it well. He was aware of the provider's ongoing development plans, and about national guidance that the provider was implementing following discussion and feedback from the Commission.

Staff told us the support they received from senior staff was very good. They felt suggestions they made to improve the service were listened to and given serious consideration. There was also a whistle-blowing procedure that staff felt confident in and which they were reminded about at team meetings. They said they enjoyed working for the service, and that the staff team worked together well. For example, a staff member told us, "If we're supporting one person we don't just stick to them, if something needs doing we do it." We also noted that the low turnover of staff was an indicator of staff being sufficiently supported and recognised for the work they performed.

The registered manager spoke of a key aim of the service being to enable people to reach their potential, which we found to be one of the provider's stated values. The registered manager spoke about supporting people, with the help of the relevant health professionals, to reduce reliance on prescribed medicines that

suppressed people's behaviours. Where needed, positive behavioural support guidance had then been put in place and consistently acted on, to support people with emerging behaviours that could challenge the service. He thought that good staff team-work and the calm environment of the service had helped one person to develop, for example, in talking much more. Records, staff feedback and our observations confirmed the positive culture that the registered manager described.

We were shown a number of easy-read documents that the provider had produced to enable communication with people using their service. This included an organisational support guide and a summary of the last survey of people's views across the organisation that took place in 2014. There was a more recent national Keeping Safe consultation with people at the service as part of a wider organisational drive. An action plan had been developed from this, for action within all services. The registered manager also demonstrated that a relative of a person using the service had taken part in a recent staff interview process. This all helped to demonstrate an inclusive and empowering culture.

Records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Commission in a timely manner.

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 did not take formal enforcement action at this stage. 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 Care of service users was not provided in a consistently safe way, because: <ul style="list-style-type: none">• <input type="checkbox"/> The premises was not always safe for use and used in a safe way;• <input type="checkbox"/> Equipment was not always supplied in sufficient quantities to ensure the safety of service users and meet their needs;• <input type="checkbox"/> Medicines were not properly and safely managed. Regulation 12(1)(2)(d)(f)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of staff were not always deployed in order to meet the requirements in relation to regulated activities. Regulation 18(1)