

St. Vincent's And St. George's Association Phoenix

Inspection report

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Date of inspection visit:
06 February 2018
07 February 2018
13 February 2018

Date of publication:
13 March 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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 service is a domiciliary care agency. Phoenix is part of St. Vincent's And St. George's Association, a charity providing a range of care and support services to those with disabilities, complex needs, health conditions and older people living in Gloucestershire. Phoenix provides personal care to people living in their own houses and flats in the community. Not everyone using Phoenix receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. Phoenix provides a service to 11 disabled adults and one older person. A service was provided to an additional 29 people who were not in receipt of personal care.

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

People using the service lived in ordinary flats across Cheltenham and Gloucester. They also lived in single 'houses in multi-occupation' shared by between three and four people. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities. People had individualised support packages of care and there were sleep in arrangements for staff support overnight.

Phoenix has been developed and designed in line with the values that underpin the Registering the Right Support, Building the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There were two registered managers. One managed the day to day running of the service and the other was the Chief Executive Officer and Nominated Individual. 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.

This inspection took place on 6, 7 and 13 February 2018. At the last comprehensive inspection in January 2016 the service was rated as Good overall.

At this inspection we found the service was Requires Improvement. This is the first time the service has been rated Requires Improvement.

People's medicines were not being managed safely. Medicine administration records had not been completed correctly, creams and liquids had not been labelled with the date of opening and there were no

protocols in place for the administration of medicines to be given when needed. Quality assurance systems were not robust. They did not evidence how action had been taken to make improvements to the service or when actions had been completed, that these were being sustained. The registered managers had not notified the Care Quality Commission about safeguarding concerns and incidents of physical abuse between people sharing supported living accommodation.

People's care and support was individualised, reflecting their personal preferences, lifestyle choices and routines important to them. Staff understood people well and knew how to support them when upset or anxious. People were treated with kindness and care and had positive relationships with staff. They were supported with dignity and respect. People were supported to access a range of activities and met with friends at day centres, social clubs and work placements. People's health and wellbeing was promoted. Their dietary needs had been discussed with healthcare professionals when necessary and staff followed their guidance. People had access to social and healthcare professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were encouraged to make choices about their day to day lives. They were kept as safe as possible from harm. Hazards had been assessed and any risks minimised and strategies put in place to reduce the risk of injury. People living in supported living were helped to live in a safe environment. They also had equipment and technology to keep them safe, for example hoists, walking frames and sensor mats. Lessons were learnt by the provider from complaints, accidents and incidents to make improvements to prevent these issues reoccurring.

People's feedback and the views of relatives and staff were sought to make improvements to their experience of the service. People were invited to attend an annual meeting to give feedback about their experiences and aspirations which was then presented to the board of trustees. A representative of the board of trustees visited people in supported living to assess the quality of care provided. The registered managers were aware of the challenges of maintaining an effective staff team and had reviewed the way in which staff were valued. Staff said they were "proud of the charity" and people said, "The carers are good, caring, reliable and kind."

Providers are required, by law, to display their CQC rating to inform the public on how they are performing. The latest CQC rating was displayed in the service and these details were also on the provider's website.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009 (Part 4). You can see what action we told the provider to take at the back of the full version of the 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. People's medicines were not administered and managed in line with best practice and national guidance.

People's rights were upheld. Staff understood how to recognise and report suspected abuse. People were kept safe from the risk of harm or injury.

People were supported by enough staff to meet their needs, who had been through a recruitment process to check their suitability to provide their care.

People were protected against the risk of infections. The safety of the environment was monitored when needed and equipment was maintained and kept in working order.

Lessons were learnt from incidents and accidents. Action was taken to make improvements to people's care and support.

Requires Improvement 

Is the service effective?

Good 

The service was effective. People's needs were assessed to ensure the agency could provide their care and support.

Staff had the skills and knowledge to meet people's needs and had access to refresher training when needed.

People's health and wellbeing was promoted. Their dietary needs were considered and they had access to healthcare professionals. Staff worked closely with social and healthcare professionals.

People's consent was sought in line with the Mental Capacity Act.

Is the service caring?

Good 

The service was caring. People were treated with kindness, care and understanding.

People's views and preferences about their care and support were promoted.

People's privacy and dignity was respected and their independence encouraged.

Is the service responsive?

Good ●

The service was responsive. People's care and support reflected their individual preferences and wishes taking into account their diverse needs and levels of independence.

People raised concerns through the complaints process. Action was taken to address these.

People's preferences for end of life support had been discussed with them, their family and advocates.

Is the service well-led?

Requires Improvement ●

The service was not always well led. Quality assurances processes were not robust and did not evidence how improvements were implemented and sustained.

The values and culture of the service to promote the needs and aspirations of people being supported were embedded in the service delivered.

People's views and those of their relatives and staff were sought to make improvements to their experiences of the care and support.

The management team and staff worked closely with other agencies and organisations.

Phoenix

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 checked 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 inspection took place on 6, 7 and 8 February 2018 and was announced. One inspector completed this inspection.

We gave the service notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 6 February 2018 and ended on 13 February 2018. It included a visit to the office, visits to people in their homes and telephone calls to people using the service and relatives. We visited the office location on 6 February 2018 to see the manager and office staff; and to review care records and policies and procedures.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make. Prior to the inspection we sent out questionnaires to 27 people, 27 relatives, 39 staff and seven healthcare professionals. We received completed questionnaires from 10 people, three relatives, seven staff and one healthcare professional. We contacted the commissioners of the service to obtain their views about the care provided to people.

During our inspection we observed the care provided to five people and spoke with five people using the service. We spoke with the registered managers, the human resources manager, a senior team leader, a team leader and four care staff. We spoke with three relatives and contacted two health care professional for feedback. We looked at the care records for five people, including their medicines records. We looked at the recruitment records for four new members of staff, training records and quality assurance systems.

Is the service safe?

Our findings

People's medicines had not always been managed or administered safely. Each person had a medicines care plan which agreed the medicine support staff were to provide and described how people preferred to have their medicines administered. In response to concerns raised during a quality visit and on-going monitoring by commissioners the provider had reviewed the way they managed and monitored the administration of medicines. National guidance about the management of medicines for adults receiving social care in the community had been obtained, along with guidance from the Care Quality Commission. The registered managers had introduced monthly medicine audits and carried out competency assessments of staff administering medicines. Despite this we found gaps in medication administration records (MAR) and could therefore not verify if people had received their medicines as prescribed. The registered managers said any gaps would be picked up by staff and the office alerted. Records were not available to verify this had taken place and if prompt action had been taken to ensure people had not missed their medicines.

People occasionally needed medicines to be given as necessary (PRN). There were no protocols in place to describe the maximum dose to be given and MAR's did not always provide this information. For example, staff told us the maximum dose for a PRN tablet was five a day but there was no record of this on the MAR and no additional protocol in place. This increased the risks of people being given their medicines incorrectly.

People had been prescribed creams and liquids. These items needed to be labelled with the date of opening and disposed of within the manufacturer's guidelines because their effectiveness could not be guaranteed if out of date. We found that none of the creams and liquids we looked at had been labelled with the date of opening and it was not clear whether they were being disposed of appropriately. For example, a bottle of liquid Paracetamol had been dispensed in 2016 and was half full. Staff thought it had only recently been opened but there was no date on the bottle to confirm this. This put people at risk of receiving medicines which would not be fully effective.

This was a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's rights were upheld. People were advised about how to stay safe in their homes and in the community. People talked to staff when they felt they had been the subject of harassment or bullying. Staff reassured them and gave them guidance about how to react and what they should do. For example, walk away and seek staff support. People had copies of easy to read information about abuse and contact details of who they could get in touch with. Staff completed safeguarding training and said they had confidence any issues they raised under whistle blowing procedures would be dealt with appropriately. Whistle blowing legally protects staff who report any issues of wrongdoing. The registered manager had dealt with two safeguarding concerns. These had been thoroughly investigated and action taken in response to the outcome of the concern. The local safeguarding team were kept informed. Other agencies, such as the Police had been involved when needed. People had access to advocates. Advocates help people to express

their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Capacity Advocates (IMCAs).

People's risks were assessed and managed to keep them safe from harm. Positive risk taking was promoted encouraging people to be as independent as possible and to live full lives. Any risks had been identified with people or their relatives and ways of keeping them safe discussed with them. Strategies had been developed to prevent the risk of injury or harm. For example, as a person's mobility was decreasing staff were asked to walk with them to reassure them. This enabled them to continue to walk independently. Where people lived in supported living, health and safety checks had been carried out to make sure the environment and equipment were maintained safely. Each person in supported living had a personal evacuation plan should they need to leave their home in an emergency. Business continuity plans provided staff with essential information they might need for example, in the case of utility failure or bad weather.

People occasionally became upset or anxious. Their care records provided clear guidance about what might upset them and how staff should respond. Staff described what might cause or increase anxieties and how to help people manage these. Staff had completed training which promoted the positive management of behaviour. They worked closely with healthcare professionals to review people's behaviour and the medicines they were prescribed. Accident and incident records had been completed as well as additional monitoring forms to explain what and why it had happened and the response of people and staff. For example, these records showed how one person now had fewer incidents and was happier and calmer in their living environment and with the staff team supporting them.

People were supported by sufficient staff to meet their needs. People in supported living had their individual care and support needs contracted by commissioners. People were provided with information about who would be supporting them and when. Some people had easy to read information which used photographs of staff so they would recognise them when they visited. A relative told us, "The office have been very thoughtful in sending her photographs of them so she can identify them when they call." A person receiving personal care in their own home said they received information about who would be visiting them and the times of arrival. Staff dialled into an electronic recording system which monitored the times of their visits. The registered managers acknowledged the challenges of recruiting and retaining staff. At times the same agency staff were used, to ensure consistency. Staff said the senior team and managers helped out when needed. Staff commented, "The service users always have the support they need" and "Staff are even allocated for additional appointments at times we would normally not be supporting them." Staff we spoke with, reported working long shifts and the registered managers said they were aware of the pressures on staff. They had appointed a new recruitment agency to help to fill vacancies.

People were supported by staff whose character and competencies had been checked. Recruitment processes had been completed to carry out checks which included obtaining a full employment history, approaching previous employers for references and a Disclosure and Barring Service (DBS) check. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. People were involved in the recruitment and selection of staff, interviewing them and giving feedback to the selection panel. New staff completed an induction which included health and safety training and shadowing of experienced staff.

People were protected against the risks of infection. Staff had completed infection control training and were supplied with personal protective equipment. Staff had also completed food hygiene training following correct procedures when providing and preparing food. Staff carried out health and safety and fire checks to make sure people's homes were safe. They also made sure people had access to any equipment they

needed raising concerns with the appropriate agencies if equipment was faulty.

People's complaints, accidents and incidents were reviewed by the registered managers to assess whether any lessons could be learnt and action taken to prevent them reoccurring or to improve the service. For example, investigations after a safeguarding concern resulted with the disciplinary procedure being followed and additional support and training provided for staff.

Is the service effective?

Our findings

People's needs were assessed to make sure the care and support they required could be provided effectively. Their physical, emotional and social needs were monitored and reviewed to ensure their care continued to be delivered in line with their requirements. The registered managers reflected how they had worked closely with healthcare professionals and agencies to support people in transition between services. People living in a supported living environment had been provided with easy to read information about the service. This also included information if they wished to make any changes to the provider of their care and support should they move from their current accommodation. Their care and support had been developed in line with nationally recognised evidence-based guidance (Building the Right Support) to deliver person-centred care and to ensure easy access and inclusion to local communities.

People were supported by staff who had the skills and knowledge to meet their needs. Training systems were in place to deliver induction training which included the care certificate to new staff, proceeding to nationally recognised social care qualifications. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Staff completed refresher training when needed. Specialist training had been provided by healthcare professionals based around individual people's needs. For example, sign language, epilepsy and the care of percutaneous endoscopic gastrostomy tubes (a medical procedure in which a tube is passed into a person's stomach through the abdominal wall so food, fluid and medicines can be received). Staff had individual support meetings (supervisions) scheduled for 2018 to include an annual appraisal to discuss their performance and training needs. The registered managers recognised supervision meetings had not been carried out as planned in 2017. New schedules had been put in place and senior staff confirmed they had the training to enable them to carry out this support to staff. In addition staff were observed providing care and support, for example administering medicines to people.

People were supported to have a healthy and nutritious diet. Staff explained how they recognised people's favourite foods might not always be healthy options but how they balanced this by adding fresh vegetables and salads. People's dietary needs were highlighted in their care records. Staff were observed supporting a person with their gluten free diet. People at risk of choking had guidance developed by a speech and language therapist and this was incorporated into their care records. Dietary supplements had been prescribed for people at risk of weight loss, which staff said they would offer if a meal had been refused. Staff understood how to prepare people's food and drinks, at the right consistency and also to make sure their posture was correct when eating and drinking. People were involved in the planning and preparation of their meals and snacks where appropriate.

People's health care needs were promoted. Each person had a health action plan and a hospital passport which provided information for emergency services. People had annual health checks with their GP. People were referred promptly to healthcare professionals for health and support when they became unwell or if their needs changed. For example, changes in their mental health or concerns about the risk of falling out of bed. Staff had close working relationships with social and healthcare professionals. Information was shared as people moved between services if appropriate to ensure an effective transition of care. For example, one

person living with epilepsy had a letter prepared for emergency services providing essential information about how they needed medicines to be administered.

People made decisions about their day to day care in line with the Mental Capacity Act (MCA) 2005. The 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's capacity to make decisions about aspects of their care and support had been assessed and when needed best interest's meetings had been held. These were recorded with agreement about the decision made by those attending the meeting such as relatives, a GP, staff and/or an advocate. Best interests meetings had been held when people's medicines needed changing or if they were moving into new accommodation. Staff had a good understanding of people's capacity to make choices about their care and support. Staff were observed offering people choices and encouraging them to make decisions. For example, about what to eat, drink or how to spend their time.

People's liberty was restricted at times to keep people safe. The registered manager confirmed requests had been submitted to social services to make applications through the Court of Protection for deprivation of liberty safeguard authorisation for people restricted of their liberty. There was evidence other restrictions such as the possible use of bed rails had been discussed and reviewed with healthcare professionals in people's best interests.

Is the service caring?

Our findings

People were treated with kindness and care. They had positive relationships with staff and were observed chatting amiably with them, enjoying their company and sharing a joke. People said, "I love it here, these girls look after me so well" and "The carers are good, caring, reliable and kind." People told us they had been able to choose their staff. If they wished to change a member of staff this was respected. Staff understood people well and had been provided with information about their past histories, their lifestyles preferences and wishes. A member of staff told us, "Every member of the team is extremely passionate about providing a high standard of person centred care and support to the service users the charity supports." Staff were observed responding quickly to people and giving reassurance when needed. Staff explained to people what was happening and why. Staff understood how much information to share with people who became anxious and how to help them to plan their day. For some people routines and consistency were extremely important and staff respected these. Easy to read information using pictures and photographs and large whiteboards displayed people's routines, activities and the staff supporting them.

People's protected characteristics under the Equality Act were promoted. Staff had access to training in Equality and Diversity. People's spiritual, religious and cultural needs had been identified and they were supported to attend their chosen place of worship. The registered manager considered people's diverse needs and whether any adjustments needed to be made to the delivery of their care. For example, staff removed their shoes before entering one person's home. People's personal information was kept securely and confidentiality. Staff respected their right to family life and supported the relationships between people in their homes. People's communication needs had been identified and staff had completed training in sign language. Pictures and photographs were used as visual aids as well as showing people objects to make choices from.

People, their relatives and advocates were involved in making decisions about the care and support provided. Reviews of people's care were taking place to ensure their care records reflected their current needs. One member of staff commented, "I am proud to help and support people to speak up for what they want." Staff were observed spending time with people providing personalised care and support which reflected their identified needs as highlighted in people's care records. People said staff stayed for the correct length of time and were able to meet their care needs. People told us, "Staff are very good and mostly arrive on time."

People were treated with dignity and respect. Staff were respectful and offered personal care discreetly. People were encouraged to be as independent as possible. For example, helping to prepare meals, drinks and snacks and using mobility aids to walk safely around their homes. Feedback to the provider included, "You have looked after mum wonderfully" and "Mum's carers were fantastic yesterday in the way they looked after her as well as keeping me informed."

Is the service responsive?

Our findings

People's care and support reflected their individual wishes, preferences and routines which were important to them. Their care records highlighted these and were kept up to date with their changing needs. For example, changes in medicines or mobility. People's care records stated what they could and could not do for themselves and were clear about what they needed help with. For instance, needing help with some parts of the personal care routine but not all. When people's needs changed staff made referrals to the appropriate healthcare professionals for their help and support. Staff maintained monitoring records for such areas as epileptic seizures and incidents. They said they were then analysed with healthcare professionals to assess whether changes needed to be made to medicines or the way they were supported by staff.

People's communication needs had been assessed. Information was provided in accessible formats such as easy to read complaints records, tenancy agreements and a service user guide about the service. People's care records were available in a paper format and copies were kept electronically. Electronic systems were used for staff to register the start and end of their visits to people. They said this could be challenging when they worked with people in supported living to remember to log in and out for each person. Staff also had individual email addresses enabling them to communicate with each other and the provider. They accessed the provider's database to see policies/procedures and care records. Some people had close circuit television in their accommodation to monitor the outside of the building and the entrance. This was used for security purposes and in line with national guidance. Individual sensors had also been provided to raise the alarm when people moved, had falls or needed assistance when having a seizure.

People were supported to participate in activities which supported them to avoid social isolation in line with nationally recognised evidence-based guidance (Building the Right Support). They were supported to access a range of meaningful and age appropriate activities of their choice as part of their support package. People were observed getting ready for swimming, trampolining and returning from an art session. People liked to use the facilities around their homes such as the park, pub and cafes. They also met with friends at day centres, social clubs and work placements.

People knew how to make a complaint. People were confident raising concerns with the registered managers. Eight complaints had been received throughout 2017 and evidence of the response to these and the action taken was recorded. The registered manager arranged face to face meetings with the complainants when appropriate to discuss their concerns and to give them reassurances. People were also able to give feedback about the service they received through a service user forum. Minutes were produced which gave a response to any issues raised. These were produced in an easy to read format using photographs and pictures. People had expressed concerns about their home and they were told this would be raised with the agencies responsible for building maintenance.

People were supported to think about their preferences for end of life support. People, who wished to, had completed an end of life care plan indicating their requirements and preferred type of service. Where required relatives or advocates had been involved to support people to make their wishes known.

Is the service well-led?

Our findings

Whilst people's feedback about the management was positive we found people's experience of their care was affected by a lack of good governance and oversight. The provider's monitoring and oversight systems had not ensured the service was running well and that people were not exposed to the risk of harm.

The registered managers had a system of quality assurance checks and audits in place to monitor care and plan on-going improvements including monthly audits of care planning documents, staff records and medicines administration. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. They had introduced new audits for medicines administration, additional medicines training and competency checks for staff due to concerns raised by commissioners about the management of medicines. However, improvements to practice had not been sustained and had not identified the issues found during the inspection. For example, in relation to ensuring people were given their medicines appropriately and the medicines administration record had been completed correctly to reflect this.

The provider's quality assurance monitoring tools had not followed up issues around medicines administration and management, in a timely fashion, allowing recording errors to continue to happen. Audits did not identify who was responsible for following up any actions identified during the quality assurance process. A representative of the board of trustees carried out monthly visits to people using the service. They spoke with people and staff and produced a report which was shared with the board and management. Actions had been identified but there was no evidence of how these were followed up or implemented. Some audits, such as for record keeping, identified what the issue was, who was responsible for following this up and a timeframe. This was not used consistently across all quality audits.

Accident and incidents had been recorded and forwarded to the registered manager. Information about incidents and investigations had not always been effectively analysed to enable the registered managers to identify any patterns or trends that could indicate an increased risk to the service. In the absence of these processes, the registered managers were unable to evidence that the appropriate action had been taken to respond to quality or safety issues without delay. For example, there were no audits to evidence that accidents and incidents had been routinely collated for each person to evidence the action being taken to prevent these from reoccurring.

This was a breach of regulation 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There were two registered managers. One managed the day to day running of the service and the other was the Chief Executive Officer and Nominated Individual. The registered managers had not fulfilled their responsibility to submit notifications to CQC. Statutory notifications are information the provider is legally required to send us about significant events. We had not been informed about two safeguarding concerns, a police incident and incidents of physical abuse between people sharing supported living accommodation.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4)

People and staff were positive about the management of the service. They told us, "Staff are well managed" and "Helpful and encouraging support from care managers and co-ordinators." The registered managers maintained their professional development and liaised with local agencies and organisations to keep up to date with changes in legislation and current best practice. They understood their responsibilities with respect to duty of candour and had given their apologies to complainants. The registered managers acknowledged the challenges of maintaining a stable workforce. They had looked at ways of valuing staff which included being flexible around working hours and a pay rise. Staff said they worked long hours. This was recognised by management who had reviewed the individual support they provided to staff through the supervision process. They wanted to use this to "look at the positives and build on teamwork".

People were invited to attend an annual service user meeting to talk about their experiences of their care and their aspirations for the next 12 months. Any suggestions or feedback from this meeting were passed to the board of trustees and used to inform the business plan. Annual surveys were sent out to people using the service, their relatives and staff. A summary of their feedback for 2017 had been produced and included comments such as, "Staff listen", "I am happy" and "I am proud of the charity." External agencies and organisations had also carried out quality assurance checks. Annual visits had been completed by commissioners as well as quality checkers, who themselves used services. The registered managers said improvements over the past year had included providing sensory equipment for one person and installing a new kitchen. People and staff had raised money for other charities.

Lessons had been learnt with respect to complaints. An investigation into a complaint had highlighted issues about the quality of record keeping and sharing of information. The registered managers had reviewed guidance for staff about record keeping. All staff had been provided with examples of what should be recorded in daily records such as financial records, monitoring charts and health and safety checks.

There were close links with local agencies and organisations. Records confirmed information was shared with other agencies and organisations when needed to ensure people's health and wellbeing was promoted. In line with nationally recognised evidence-based guidance (Building the Right Support) people lived in communities they knew well. The provider's website stated, "We place the needs and aspirations of the people we support to ensure a truly person centred plan for a more fulfilling life."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the Commission without delay of incidents which had occurred whilst services were being provided in the carrying on of a regulated activity. Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured the proper and safe management of medicines. Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not ensured that robust processes were in place to assess, monitor and improve the quality and safety of services provided to people. Regulation 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>