Leeds Autism Services

Ashlar House - Leeds

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected this service on 5 and 19 April 2018. The inspection was announced as support was provided to people who may have found an unannounced visit challenging.

The provider is required as a condition of their registration to have a registered manager in post. A new manager started at the service in September 2017 and had applied to the CQC to become the 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.

Ashlar House had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection, seven people lived at the service.

At our last inspection in February 2017 we rated the service as 'Requires Improvement' over all. We made a recommendation for the provider to formalise their system of audits to ensure risks, around the health and safety of the environment and recording of medicines, were not overlooked. At this inspection we found the quality assurance systems continued to be ineffective and have again rated the service 'Requires Improvement' over all.

People did not consistently receive person-centred care. Person centred care is when care and support is planned with the person and taking on board their preferences and choices. Records did not demonstrate people were involved in discussions about their care, had consented to this or been involved in setting their goals and outcomes. Regular care reviews were not completed. Some people's carers noted they were not consistently involved in discussions about the person's care. There were limited records to show people received adequate stimulation relevant to their needs and choices. Some concerns were raised that people did not receive adequate stimulation and that activities were not person-centred.

The assessment of risk and systems in place to prevent and control the spread of infection were ineffective. The provider did not have an infection prevention and control lead and we found the service was unclean and in need of redecoration and refurbishment.

When people had complex health care needs, which placed them at increased risk, care plans had not been completed.

Staff told us they received supervision however there were only two records of supervisions for the entire staff team. The provider and manager did not have oversight of how often supervisions were being completed. They were unable to confirm who had received support in relation to their well-being, role and

professional development which was not in accordance with the provider's own policy. Staff had not received an appraisal within the last 12 months. Some staff reported a lack of effective communication between them and management.

The provider had not implemented effective systems to monitor the quality and safety of the service. Audits were limited in their scope and had not consistently highlighted the issues we found during our inspection.

The provider's representative and manager took some actions to address our concerns and reviewed some of the documentation between days one and two of our inspection. They were open and honest with us throughout the inspection and it was evident they wanted to make the necessary improvements for the benefit of the people who used the service.

Staff continued to be recruited in a safe manner and care was provided by a consistent team. The service used regular agency staff and completed checks to ensure they had the necessary skills and knowledge to safely support people. The provider had a safeguarding policy and staff understood how to safeguard people from abuse.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making decisions on behalf of people who lack the mental capacity to so for themselves. When a person lacks capacity to make particular decisions, any made on their behalf must be in their best interests. Where there were concerns about a person's mental capacity assessments and associated best interest decisions had not been recorded. However, the manager was aware of this and was in the process of updating the documentation.

People received support to eat and drink and their weights were monitored. People had access to healthcare professionals and staff sought their advice when needed.

Staff were kind with the people they supported and promoted people's dignity.

Each person who used the service had a care plan which contained some person-centred information, although these were not consistently in a format most suitable to the person's needs. The provider had a complaints policy and complaints were responded to appropriately. The system of overview to document complaints received was being developed by the provider.

The manager had considered ways to include people in the running of the service and was in the process of embedding this.

We found breaches of regulation in relation to person-centred care, safe care and treatment, staffing and governance. You can see the action we asked the registered provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider had not followed best practice guidance regarding infection prevention and control.

Care plans were not consistently in place for people's specific healthcare needs or for identified risks.

There were sufficient staff and the provider continued to recruit safely.

Staff understood their responsibility to safeguarding people from potential abuse.

People received their medicines as needed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had not received appraisals within the last 12 months and the provider and manager could not provide evidence that supervisions had been completed.

Mental capacity assessments and best interest decision records had not been completed. These were commenced during the inspection.

People had access to healthcare professionals and staff sought their advice when required.

Staff supported people to maintain good health and nutrition.

Is the service caring?

Good

The service was caring.

Staff knew the needs of the people they supported.

We observed kind interactions and staff promoted people's dignity.

Information about independent advocacy support was available.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not supported to set goals and outcomes for their lives. Regular reviews of people's support had not been completed.

People were not supported to engage in activities or activities of their choosing.

The provider had a complaints policy and procedure in place and the manager responded appropriately to complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well–led.

The manager was not registered and had submitted an application to register with the CQC.

The provider's governance arrangements had not highlighted the issues we found during our inspection.

Staff reported some lack of communication and support from the management team.

The manager was considering new ways to involve people in the running of the service.

Ashlar House - Leeds

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.

We inspected the service on 5 and 19 April 2018. The inspection was announced as we needed to be sure people would be in and an unannounced visit may have been challenging for some of the people who lived at the service. This inspection was completed by two adult social care inspectors.

Before our inspection we reviewed information we held about the service, which included information shared with the CQC and statutory notifications sent to us since our last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service which may affect the people they support. We also considered the Provider Information Return. This is information providers are required to send us at least once annually and gives key information about the service, what the service does well and any planned improvements. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer group who share the views and experiences of people using health and social care services in England. We used this information to plan our inspection.

During the inspection we invited people who used the service to speak with us. We spoke with one person who used the service and another person provided written feedback. We also spoke with four carers. 'Carer' is a term which refers to a relative or friend who provides unpaid support to a person living with a disability.

We spoke with seven members of staff which included support workers, the manager, the acting chief executive officer and compliance officer. We received written feedback from two healthcare professionals. We have referred to the acting CEO as the provider within this report, as they were the representative for them during this inspection.

We had a tour of the service including communal areas and, with permission, looked in people's bedrooms. We observed interactions between staff and people who used the service throughout our inspection.

We reviewed a range of records during our inspection. This included three staff files, which contained information about supervisions, appraisals and training. We looked at the documentation for three people who used the service, which included care plans, risk assessments and daily records. We considered a range of documentation in relation to the running of the service and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

The provider did not have an Infection Prevention and Control Statement or Lead within the service in accordance with Criterion One of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections. Infection prevention and control measures within the service were not robust. In one bathroom we saw there were gaps between the tiles and the side of the bath and holes in the wall where a soap dispenser had been removed. There was also mouldy grout in several bathrooms. Paint was peeling from the walls and small bits of the wall had come away in the laundry. These issues prevented areas from being effectively and safely cleaned to control the spread of infection.

At this inspection we found the service was unclean; carpets required hoovering and it was dusty. Cleaning rotas were not in place to evidence all areas of the service had been robustly cleaned or the frequency of cleaning. There was not a dedicated cleaner. We were told by the provider and support workers that staff took responsibility for cleaning. Staff told us they did not have the time to properly clean.

On the second day of our inspection the environment had been thoroughly cleaned and decorators had started to refresh some of the paintwork. However, this was a reactive and not a proactive measure.

For people with complex medical needs, which placed them at increased risk, we found there were limited records to guide staff on the actions to take to reduce the likelihood of harm. For example, some people who used the service had epilepsy. Care plans had not been put in place to clearly explain how to support the person to manage their condition or what actions to take in an emergency. We found people had not been harmed, as staff understood their needs, however the service employed a high level of agency staff who may be less familiar with people's needs. On the second day of our inspection care plans were in place.

We discussed a recent concern with the manager where staff had not fully delivered an important part of a person's personal care. This had resulted in the person having experienced pain and discomfort. An agreed care plan was not in place to guide staff about how to support the person well with all elements of their personal care. This presented as a potential area of risk. The manager agreed to implement this.

The shortfalls in infection control practice and limited records to clearly show all actions had been to mitigate any potential risks were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

It was highlighted at the previous inspection that the décor and furnishings looked worn and were in need of updating. At this inspection the environment remained in need of updating and furniture required replacing. For example, a sofa in one of the lounges was sagging, dirty and torn. We were advised by the manager that this was due to be replaced. We saw the dining room had recently been painted and was bright and airy however the furniture had not been replaced and was again worn and dirty. A support worker told us, "The building is not entirely adequate. It's run down and in need of work." The provider acknowledged that the environment required updating.

People who used the service and their carers did not raise any concerns with us about safety. A carer noted, "I think the environment at Ashlar house is completely safe. There are always adequate staff on at any one time."

There were sufficient staff on duty to meet people's needs. Rotas evidenced safe numbers of staff were available and we observed plenty of staff continually moving throughout the service. The service used a high level of agency staff. The manager tried to ensure continuity of agency staff so people who used the service could become more familiar with them and, in turn, the agency staff could get to know them. There were profiles for the agency workers which evidenced their experience and training. Inductions were completed with agency staff to ensure they were familiar with the needs of the people who used the service, the layout of the building and what actions to take in an emergency.

During our inspection, we looked at three staff recruitment files. The records showed safe recruitment procedures were followed. Applications and interviews had been completed. Two checked references and a Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people working with adults at risk.

Staff received safeguarding training and understood potential safeguarding issues and how to report their concerns. Records showed the manager regularly sought advice and guidance from the local authority about any potential safeguarding issues, submitted safeguarding concerns appropriately and reviewed any concerns raised.

Risk assessments were completed when potential risks noted. These included medicines, going outside and skin integrity.

People received their medicines safely and as prescribed. Medicines were stored, disposed of and administered appropriately. A record of where prescribed creams should be applied was not in place which could have led to errors. We discussed this with the provider on the first day of our inspection and topical medicine charts were in place on our second day. There were protocols for 'as and when needed' medicines, referred to as PRN, to guide staff about when it is appropriate to administer these. Staff completed training to administer medicines and annual refresher training. The manager completed an audit of each person's medicines on a rotation basis and identified and responded to issues when identified. They had recognised the medicine audits were quite basic and had devised a new audit which was much more detailed.

Checks of the safety of the premises were completed which included checks of the water temperature. A fire risk assessment and evacuation plan was completed in November 2017. Weekly checks of fire doors, emergency lighting and alarms were completed. Staff had completed a fire drill to ensure they understood evacuation procedures in the event of an emergency. Personal Emergency Evacuation Plans (PEEPS) were completed which detailed the support a person using the service required to evacuate the building in the event of a fire.

Staff recorded information about accidents and incidents and understood their responsibility to respond to and record accidents and incidents. The manager then reviewed the accidents and incidents to ensure actions had been followed up appropriately.

Requires Improvement

Is the service effective?

Our findings

Supervision is a process, usually by way of a meeting, for a provider to monitor and support the learning, development and well-being of their staff. The provider had a supervision agreement which stated staff would receive supervision every six to eight weeks. Staff told us they did receive supervision from senior members of the staff team. However, only two members of the entire staff team had records of their supervisions. This meant neither the provider nor the manager knew whether the staff team were receiving adequate supervision in line with the provider's policy. The manager also advised that annual appraisals of people's performance had not been completed for any of the staff team within the last 12 months.

The failure to provide appropriate supervision and appraisal was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff received training in areas considered mandatory by the provider which included equality and diversity, safeguarding, moving and handling and supporting people with autism. Staff also received specialist training to meet the needs of the people who used the service, such as epilepsy and positive behaviour support. Positive behaviour support is a person-centred approach to supporting people who may become anxious or display behaviours that may challenge. A person who had recently joined the service advised the training was some of the best they had ever received.

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.

The provider had developed a guide for staff to use to aid people to make decisions and choices. A carer told us, "They [the staff] have gone out of their way to help [the person] understand." Staff asked for people's consent before providing support and offered choices which demonstrated they understood the importance of upholding people's rights.

Where concerns were raised about a person's understanding of their care needs, mental capacity assessments and associated best interest records had not been completed. There was, therefore, no record of people or their representatives having consented to or discussed the details of how they received their support. We discussed this with the provider who told us they were aware mental capacity assessment records had not been completed and were needed. On the second day of inspection, two mental capacity assessments and best interest decisions had been completed by the manager which were detailed and demonstrated an understanding of the legislation.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

Applications to deprive people of their liberty had been submitted appropriately to the local authority. The management team had a clear understanding about what would be considered a restrictive practice and considered ways to reduce the amount of restrictions on somebody's life. At the time of our inspection four people had a DoLS in place.

People's bedrooms were personalised and decorated to their choosing. Although bedrooms were comfortable and homely the decoration of the communal areas was plain. There was no evidence that people's views or sensory needs had been considered as part of the design and decoration of communal areas of the service.

People received support with their food and fluid intake when required. They chose what they wanted to eat each day from a menu and staff either prepared this or supported the person to do this themselves. If people wanted something different to the options on the menu staff supported them to go to the shops. A person who used the service and a staff member regularly went shopping together for the food for the service.

People were regularly weighed and the manager had oversight of this to ensure staff were responding to changes in people's weight. The provider did not use a recognised tool to identify people who may be at risk of malnutrition and to guide staff as to actions to take to reduce the likelihood of harm. We checked people's records which showed staff had taken appropriate actions when they were concerned about a person's weight. For example, one person had been ill and had lost weight and the staff had been in contact with the GP. On the second day of our inspection, the manager had started to use a risk assessment tool to monitor people's weight.

People had access to healthcare professionals and the staff regularly consulted with a variety of health professionals which included the GP, speech and language therapist and dietician. A carer told us, "They [the staff] are pretty good at getting medical advice if [the person] is not very well."

People had health files and a 'hospital passport' which was in larger print and an easy read format. Hospital passports are documents which contain important information about a person's likes, dislikes and communication should their care transfer to a different environment such as a hospital.

Good

Is the service caring?

Our findings

We received mixed feedback about staff's communication with people's carers. Some noted staff did not consistently communicate important information to enable them to be included in discussions about the support the person received. A carer told us communication had recently improved.

Another carer described how they were included in discussions about the person's support and staff facilitated contact, through the use of technology, on a regular basis.

People who used the service and their carers provided generally positive feedback about staff and noted they were kind to people. A person who used the service told us staff were very good and a carer commented, "Overall, you can't fault the care really. We would know if [the person] wasn't happy from their behaviour." Another carer we spoke with told us, "I am completely astounded by the brilliant care given by the staff at Ashlar House to [the person]. They are so incredibly kind, understanding and always so professional. They really have the skills to understand how [the person] acts and responds. They are very professional in every aspect of [the person's] care and life. So thoughtful and really have [the person's] best interests at heart."

Staff demonstrated they had knowledge of the people they supported and knew who was involved in their support, their likes and dislikes and their personal histories. Each person who used the service had a key worker who took responsibility for maintaining contact with the person's main support or representative, arranging appointments and completing people's documentation. A member of staff described the key worker role as a positive noting the rapport they had established with the person. They spoke about the person with warmth and in a respectful manner.

Staff provided people with emotional support when needed. A carer told us of the compassionate support provided to somebody following a bereavement. We observed staff treating people with kindness and asking if they were okay. For example, a person was becoming slightly anxious and the staff member went to them and provided reassurance and asked questions in a patient manner. The person responded positively to this.

We observed staff promoted people's dignity through their interactions, which included knocking on people's bedroom doors before entering and speaking with them discreetly about the support they may require. A member of staff told us, "It's their house and we are their guests.

People were supported to raise complaints to external organisations when they felt the support or advice provided was not sufficient. For example, an incident occurred whilst somebody was out in the city centre and they felt the organisation had not listened to their concerns or provided the right support. The manager assisted the person to write a letter of complaint to the company. This demonstrated to us the manager supported people to express their views and to challenge unsatisfactory practice.

People were supported to be independent and staff encouraged them to use their skills. One carer

described how staff placed a hand on top of the person's hand to guide them through an activity. Another told us, how staff encouraged the person to choose what they wanted to buy when they went shopping and plan what they wanted to do on their holidays. Another person had been encouraged to attend a sewing class as opposed to staff doing this for them. Staff described the importance of encouraging people to use their abilities and people's records described the activities they had completed independently such as meal preparation or laundry. A staff member told us, "we promote people's independence by giving people choice."

Information about advocacy services was available for people in an easy read format. Advocacy services provide people with independent support to help them make important decisions about their life. At the time of our inspection there were no one receiving formal advocacy support and people were supported by their carers. People had previously received the support of an advocate and the manager understood when the involvement of an advocate may be required.

Requires Improvement

Is the service responsive?

Our findings

People's care plans did not consistently record their goals or outcomes for their life. Goals may include further education, employment or social interests. People had also not received regular reviews of their support to ensure this continued to meet their emotional, physical and social needs. The manager had developed a review document to facilitate regular discussions with people about their care, however these had not yet been used. The manager told us they were working with staff to implement these.

We received mixed feedback around the activities people were supported to engage with.

Some carers expressed concern about a lack of stimulation for people and felt activities were not consistently tailored to their needs or preferences. A carer described the person they supported as having a sedentary life and noted there was a lot of down time.

Some of the people who used the service attended a day service run by the provider which offered a variety of activities. A member of staff told us they felt there was an over reliance on activities been provided by the day service. Another staff member told us activities and opportunities for stimulation could be improved.

We looked at people's records to confirm what activities they had been supported to engage with. We found very limited recording about activities people had undertaken and how they had responded to these. This meant staff could not use this information to review whether the person was adequately stimulated, engaging in activities of their choosing and not at risk of social isolation. We discussed this with the manager who acknowledged that activities were an area that required further development.

Some people's carers told us they had to tell staff about potential issues, as opposed to them noting and responding to these. Examples included, somebody's clothing not fitting properly or being damaged, a person being in need of a haircut or someone showing signs of discomfort which were not responded to. This demonstrated that people were not always receiving support that consistently met their needs and preferences.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

On the second day of our inspection the provider had introduced a section within people's daily records for staff to record activities they had taken part in.

We had received some positive feedback about activities. A person who used the service told us, "I love it here. I do activities." A carer told us, "[The person] has a very full life" and described the activities they were supported to engage with and holidays they went on.

On the first day of our inspection we found a lot of historic information contained within people's care files which made them difficult to navigate. We discussed this with the provider and by the second day of our

inspection the manager had started to archive documentation to ensure files contained only relevant information.

Each person had care plans and risk assessments. Care plans contained information about a person's history, interests and guided staff on some of the support required with elements of their life. The provider told us they were in the process of updating the care plans to ensure they contained detailed information and were in a format accessible to the person. A care plan that had recently been updated was detailed, accessible and person-centred.

People's care plans did not document wishes in relation to end of life care and nobody at the service was receiving palliative care at the time of our visit. We discussed this with the provider who agreed it was important to seek people's views where possible.

Communication plans were in place to describe how people communicated their views, wishes and needs. These were in the process of being further developed. Some of the people who used the service were able to express their views verbally whilst others had additional communication needs.
People were referred to healthcare care professionals for them to assess and make recommendations to promote a person's communication. For one person, actions and recommendations had not been followed up in a timely manner, as there had been a significant delay in the introduction of a communication aid. When we discussed this with staff one person told us they didn't know how to use it whilst another said it was broken. We discussed this with the manager who advised the communication aid was not being used but training had now been arranged for staff.

The provider had a complaints policy and information about how to make a complaint was available. When complaints were made we found the manager responded to these appropriately and our discussions with the manager confirmed any concerns would be taken seriously. However, there was a limited overview of when complaints were received, how they were addressed and any lessons learnt. The provider and manager advised the new quality assurance system which was being developed would provide an overview of complaints.

We also saw records of compliments which included a thank-you to staff for supporting a person to buy their family Christmas presents and the emotional support provided to another person during a particularly difficult time.

Requires Improvement

Is the service well-led?

Our findings

A new manager had been in post since September 2017 and had made an application to the CQC to become the registered manager. The manager had previously worked within the service as a support worker and managed another service operated by the provider. The provider was in the process of recruiting a deputy manager to assist with the running of the service.

We looked at procedures in place for quality assurance and governance. These enable managers and providers to monitor the quality of the service and to drive improvement. At the last inspection we recommended the provider formalise their systems of audits to ensure risks were not overlooked.

At this inspection we found the manager completed a weekly audit which included checks of the fire alarm, a medicine's check and overview of incidents and safeguarding. The scope of the audit was very limited and did not cover all the regulatory requirements. For example, there was no full health and safety check of the environment or care plan audits to ensure the required documentation was in place.

During a team meeting staff had been told there would be a full audit and review of supervisions and more support would be given to the people who provided supervision. At the time of our inspection a full audit of staff's supervisions had not been undertaken.

The provider had completed their last audit of the service in October 2017. This was detailed and covered a wide range of topics which included staffing, the safety of the building and a review of people's documentation. This audit had noted that care plans were not all in a format accessible to the person and had set a timescale of six months for these to be updated. However, we found that only one care plan had been revised and updated at the time of this inspection.

The provider had listed actions required as a result of their audit but had not consistently set timescales, identified who was responsible for their completion or monitored their completion.

The provider advised they were in the process of updating their audit arrangements as it had been recognised they were not sufficiently robust and that clear action plans were required.

The quality reviews and checks completed by the manager and provider had not highlighted the issues we found during our inspection. This had led to breaches of regulations relating to person-centred care, safe care and treatment and staffing. This meant people who used the service were at potential risk of harm.

Effective systems had not been established or operated to monitor the safety and quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance.

When we discussed our findings with the provider they told us there had been issues with the management of the service but expressed their confidence in the new manager. People's carers told us of the good

rapport the manager had with people who used the service. We found that the manager had a good understanding of the needs of the people who used the service but was struggling with the volume of work required.

The manager and provider had been working closely with the local authority to improve the quality of the service. An agreed action plan was put in place by the local authority which the manager and provider are working towards.

Although the manager had completed medicine's administration checks which highlighted some issues, including dosages not being clearly recorded, there was no guidance as to what the medicine audit should cover. The manager had recognised this and had developed a more thorough audit tool which they intended to start using.

The manager reviewed accidents and incidents to ensure appropriate actions had been taken. The manager and provider advised us they were in the process of developing their electronic system to provide an overview of accidents and incidents. This would enable them to identify any patterns of trends.

The manager reviewed safeguarding records but we found that consideration had not been given to whether there were any wider lessons to be learnt as a result.

The manager had appropriately notified the CQC of any incidences within the home which may have affected people.

The provider's quality assurance policy stated bi-annual satisfactions surveys would be sent to people who used the service for their input to what the service did well and how it could be improved. However, no satisfaction surveys had been sent to people within the last 12 months. The views of staff and other professionals who have contact with the service had not been sought. The manager was aware that people's feedback was needed to consider ways the service could improve.

The manager advised they tried to seek people's views in weekly house meetings but told us some people didn't want to attend them. They had therefore created a template for staff to use with people to explain anything important happening in the next few days, to seek people's views about the running of the service and whether there were any important issues they wanted to raise. These documents had not been fully embedded at the time of our inspection.

A variety of staff meetings were held. These included management meetings, meetings for senior support workers and a full team meeting every three months. These meetings were an opportunity to discuss any issues relating to the people who used the service, health and safety issues, and policies and procedures were discussed.

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 Care and treatment of people using the service did not consistently meet their needs or reflect their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The risk of infection and how to prevent this had not been assessed or actioned. Health risks to people using the service had not been consistently identified and steps to mitigate them had not been taken.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems and arrangements to monitor the safety and quality of the service had not been implemented.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate supervisions or appraisals to enable them to carry out the duties they were employed to perform.