

Essex County Council

Bridgemarsh Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

We carried out an unannounced inspection of Bridgemarsh Residential Home on 6 and 7 November 2018 to see if the provider had made the necessary improvements to the monitoring of the quality of the service. At this inspection, improvements had been made to the quality assurance process, medicine administration and supervision of staff. However, we found that the service was not always responsive in the way they discussed and recorded people's religion, culture, sexual orientation and end of life care wishes.

The service has been rated as Good in safe, effective, caring and responsive and Requires improvement in well led with a breach of the Regulations. The overall rating is Requires improvement.

Bridgemarsh Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides care and support for up to a maximum of 24 adults with a learning disability and autism. At the time of our inspection 17 people were using the service.

People were not always able to tell us verbally about their experience of using the service. We used observation to gain an understanding of their lives at the service. We saw that people were comfortable and safe with the staff and in their environment.

The service had 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.

The quality assurance process was not effective or sufficiently robust. Information about people's needs, preferences and wishes was not fully recorded. Policies and procedures were not in place or reviewed to ensure staff had adequate guidance to follow. We identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

People were protected from abuse and harm as staff had the knowledge and skills to keep them safe. Staff were able to explain to us what they would do to protect them and how they would report their concerns. Risk assessments had been completed in order that people's health and wellbeing were monitored and they had the maximum amount of independence and freedom whilst being kept safe.

People were cared for by staff that had been recruited and employed after appropriate checks were completed. There were enough skilled and experienced staff available to support people to live safely at the service. Medicine management had been improved and people were receiving their medicines in a timely way.

Staff had the necessary training, supervision and support in order to assist people in their everyday lives. They were aware of the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) when people did not have capacity to make their own choices and decisions. The service was meeting the Accessible Information Standard by ensuring people's sensory and communication needs were met.

People had choices about what they had to eat and drink and were involved in shopping, preparing and cooking their meals. Any health issues which people had were closely monitored. The service worked well with other professionals by seeking guidance and support from health, social care and voluntary sector professionals and organisations.

People were provided with the opportunity to choose and participate in activities which interested them. Records were regularly reviewed and updated and staff were provided with the information they needed to meet people's needs. People's culture, ethnicity, faith, sexual orientation and end of life care wishes were not discussed or recorded to ensure their rights were upheld.

We have made a recommendation that the provider look at best practice guidance in relation to diversity, human rights and end of life care wishes for people with learning disabilities and autism to ensure all their needs are considered.

People were relaxed in the company of staff. Staff were able to demonstrate they knew people well and they were attentive to people's needs and treated them with dignity and respect.

People who used the service and their relatives were involved in developing the service. They knew how to raise a concern or make a complaint if they needed to.

The service was developing new ways of providing accommodation and support to people in line with the values which underpin the CQC policy guidance, 'Registering the Right Support'. 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.

The registered manager was visible, open and was supported by a consistent staff team. People and staff were involved in developing the service.

A system for monitoring the quality of the service was in place although gaps in this process had been identified and were being put in place.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

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?

Good ●

The service was safe.

Risk assessments provided staff with guidance to keep people safe and safeguard them from harm.

There was sufficient staff in place who were safely recruited.

People's medicines were managed safely.

Infection control procedures were in place.

Lessons were learnt from incidents and accidents.

Is the service effective?

Good ●

The service was effective.

Staff received training and supervision in order to do their job well.

People's rights were protected under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain a healthy diet.

Liaison and links with healthcare professionals enabled people to maintain their health and keep well.

Is the service caring?

Good ●

The service was caring.

Staff showed people compassion and sensitivity. They knew them well and how to support their independence.

People were involved in their care planning arrangements as far

as possible.

Staff communicated well with people and treated them with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's support plans met people's needs as they were individualised and person centred.

There were varied leisure pursuits to support people's social and emotional well-being.

The recording of complaints and concerns had improved and were responded to in a timely way.

People's end of life wishes were in the process of being improved.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Quality assurance audits and policy and procedures were not effective or sufficiently robust.

The registered manager was visible and open. The staff worked as a team to provide effective care and support.

Staff were valued and given the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and staff.

Bridgemarsh Residential Home

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 inspection took place on 6 November 2018 and was unannounced. We also returned for part of the day on 7 November 2018. The inspection team consisted of one inspector and a dentistry inspector for part of the day on the first day.

Before the inspection we reviewed information and notifications about the service. Notifications are important events that happen in the service and they are required by law to let CQC know about them. A Provider Information Return (PIR) had been completed by the registered manager in September 2018 and this told us about how the service was meeting the five key questions.

During our inspection we talked with people who used the service and the staff. Some people were unable to talk with us so we used observation to understand their experience of using the service including how staff communicated and interacted with them during the day.

During our inspection we spoke with two people and observed three people who used the service. We also spoke with the registered manager, two deputy managers', the business administrator, three senior care staff and three staff. We reviewed six care plans, three staff personnel records, audits and quality assurance processes. We spoke with one relative and a visiting professional.

Is the service safe?

Our findings

Safe was rated as Good at our last inspection on 7 September 2017. At this inspection, it remains Good.

People were safe living at the service. One person told us, "It's nice living here, yes very good." One family member told us, "[Person] is settled and supported, that's the main thing."

Staff could identify how people may be at risk of harm or abuse and what they could do to protect them. Training had been provided to staff in safeguarding people from the risk of abuse and the service had a policy and guidance for staff to follow. Staff knew who they would contact if they suspected someone was at risk of harm.

The registered manager knew the process for raising safeguarding issues with the local authority and the Care Quality Commission (CQC) and how to undertake investigations and to learn from them.

Staff had the information they needed to support people safely whilst enabling them to have freedom and choice. Risk assessments had been completed to keep people safe. These assessments identified how people could be supported to maintain their independence with everyday activities of daily living both inside and outside the service. They also covered how to minimise any risk and what action staff should take in any given situation. Risks included, personal care such as shaving, use of bath and temperature, falls, people's behaviour which may challenge the service, dealing with money, taking medicines and accessing the community. Staff demonstrated a good awareness of the risks which people faced and how they would support them to keep safe.

People were cared for and supported to live in a safe environment. Safety checks were in place to reduce the risk of avoidable harm such as water temperatures, the testing of appliances and servicing of equipment records. People had specialist mattresses and wheelchairs so that they were comfortable. One person, who had seizures, had a sensor near their bed so that staff were alerted and could attend to them quickly.

Personal emergency evacuation plans were in place and these were available in the event of a fire. Fire drills were held weekly and checks were carried out to ensure staff knew their responsibilities should a fire break out in the service.

There were sufficient staff on duty on the day of our inspection to meet people's needs. We saw the rotas which showed that sufficient staff were available to support people with their individual social, leisure and volunteer led activities and access to the community. Staff from an agency were used and these were staff known to people who used the service so there was consistency of care.

Six new people had recently moved into the service and staff from the previous service were providing consistent support during this transition period to enable people to settle in.

The provider had a recruitment process in place, including dealing with applications and conducting

employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references and undertaking a criminal record checks with the Disclosure and Barring Service (DBS) to ensure they were not prohibited from working with people in a health and social care setting.

People received their medicines safely and as prescribed by staff who were trained and competent at undertaking this task. There was the correct storage, ordering and disposal of medicines in place. People's medicines were kept in a cabinet in their rooms, together with their medicine administration records.

We looked at three medicine records and checked the contents. We found that these had been completed correctly. There were protocols in place to inform staff about medicines which are given 'as and when' needed, such as for pain relief and medicines which needed two staff to administer them. We saw they had all been completed correctly, with signatures and relevant details to explain the reason for the medicine.

Medicines which needed to be given to people in a covert way, for example, hidden in their food had the relevant authorisation in place to keep them safe. Body charts were being used and showed where prescribed creams were being applied to the skin. Staff knew people well enough to know the signs to look out for if they were in pain or discomfort.

People were protected from the risk of the spread of infection. An infection control policy was in place which provided staff with information and guidance. Staff had completed training which also included food hygiene and had access to personal protective equipment such as disposable gloves and aprons.

Systems were in place to record and monitor incidents and accidents and to learn from them. Incidents were investigated by the registered manager to see if any trends were identified and prompt action taken to prevent reoccurrence. They told us about an incident where a person had been harmed by dropping a hot drink on their lap which resulted in a blister. The incident was discussed at the team meeting in September 2018 and lessons were learnt as a result so this incident could be prevented in future.

Is the service effective?

Our findings

Effective was rated as Good at our last inspection on 7 September 2017. At this inspection, it remains Good.

People told us, "I try to do everything for myself, but staff help out when I need them." One staff member told us, "Everything we do we try and do it with people rather than for them so they are included in living their lives to the best of their ability." We saw staff supporting and assisting people throughout the day with practical and household tasks to maintain their independence.

People's needs were assessed and care was provided in line with legislation. Some good practice was being followed to ensure people had good experiences and outcomes. For example, an assessment had been completed by a specialist assessor for one person who needed a certain type of bath which had now been ordered for them so they could be comfortable and enjoy having a bath. Technology, such as sensor equipment by a person's bed, was being used effectively to alert staff to their needs in case of an epileptic seizure.

Staff had the knowledge, skills and awareness to provide good care which met people's needs. We observed that members of staff were knowledgeable about the people who lived in the service and they told us in-depth and detailed information about the people they supported. For example, one staff member told us about the needs of a new person who had moved in. They were aware of their likes and dislikes, medical condition, equipment and how to support them.

A comprehensive training programme was delivered 'in house' by the senior staff and managers who were trained as trainers in different topics. Since our last inspection, a range of refresher training had been undertaken to keep staff upskilled. Also, all staff had completed the specialist training in epilepsy care to ensure they were knowledgeable about how to care for someone with this condition. Staff told us, "We get lots of training which is great, it certainly keeps us updated on current thinking," and, "When they sent me on this training, I wasn't happy as I didn't know anything about the subject. It was really good, very interesting and I was surprised how everything related to this aspect of people's care. I now feel confident to talk about it to staff and to know how to care for people better."

There was an induction process in place which included shadowing staff and getting to know people's needs. The deputy manager told us that they expect all new staff without a qualification or training in health and social care to complete the Care Certificate. The Care Certificate was introduced by the Government to help ensure care staff had a wide theoretical knowledge of good working practices within the care sector. One staff member said, "I have been well supported from when I started working at the service."

Staff told us they were well supported and able to access the management team and senior staff for advice and guidance at any time. Staff received formal supervision with a manager in a collaborative way with actions and personal development agreed with both the supervisor and the staff member. The team meetings held monthly showed that there was good communication, discussion and joint decision making in place to support people effectively.

The provider was in the process of looking at the current staffing structure of the service alongside the transition of staff from another service. This was to ensure that people were supported by staff skilled in looking after them.

The service was meeting people's information and communication needs. Their needs had been assessed and were reviewed and appropriate equipment, pictorial and visual information was in place to enable them to make their needs known. For one person, the use of Deafblind befrienders gave them independence, reduced their isolation and enabled them to access activities in the community. Pictures, photographs and symbols were seen around the service and used effectively so that people were aware of day to day activities and the staff who worked at the service.

The registered manager had good links with other organisations. As the service was part of Essex County Council, information and guidance about good practice was disseminated, for example any changes to the law and regulations requiring action. They used Skills for Care guidance about employment and training and abided by the 'My Home Life' and 'Dignity in Care' principles (two initiatives developed to put people at the centre of their care).

People were supported to have a balanced and healthy diet. They were involved in the shopping, preparing and cooking of their meals. People choose to eat with others or on their own in their own flats. People were encouraged to prepare their own food and to clear away after them. Staff knew people well including their likes and dislikes and knew how to best support them with eating and drinking to avoid choking and other issues at mealtimes.

People's weight was monitored if there were any concerns about their health so that their diet and fluids could be reviewed should this be needed. Where relevant for health reasons, people had their fluid and food monitored. Staff had received training in diet and nutrition to support people to keep well.

Referrals to other professionals such as a dietician or a speech and language therapist were made should people require specialist input. People's oral health was monitored and they had access to regular check-ups at the dentist. Records showed that people were supported to attend any appointments as scheduled, such as see their own GP, mental health services, dentist and physiotherapist.

People had access to healthcare professionals as required and we saw this was recorded in people's care plans. Important information about them and their needs called a 'Communication passport' was available in pictures and large print to take to the hospital should the person be admitted. This would enable hospital staff to support the person to meet their needs as well as understand their ways of communicating.

People's needs were met by the adaptation, and design of the premises. Building works were in the final stages of completion to improve areas of the service such as refurbishments of bedrooms and showers and the installation of a new kitchen and dining room. One person had been given a door from their bedroom out to the garden which they were very pleased about. The provider had adapted the service so that people had a bedroom, lounge and small kitchen area to enable them to be independent but with support and company around.

The service was providing support in line with joint national guidance in 'Registering the right support'. The service was changing its ethos from a 'traditional' residential home to a more 'supported living' environment by reducing the number of people it provided care for so that it could make some of the existing bedrooms into individual apartment style accommodation. This had already showed positive results for people's independence, autonomy and their right to a home and family life. Further developments were being

discussed as to the future use of certain areas of the service.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of our inspection, we found that they were meeting these conditions. DoLS had been applied for by the registered manager as appropriate and they informed CQC when these had been authorised by the local authority.

All staff had received training in MCA and DoLS and staff gave people the opportunity and support to make decisions and choices about their everyday lives. Assessments had been completed when people were thought to lack mental capacity to identify how their care could be provided in line with their wishes. When people lacked capacity, the provider had taken action to seek that the care, treatment and support which people received did not restrict their freedom and rights. These decisions were clearly documented with the reason why and what these decisions covered including taking medicines, nutritional needs, medical appointments, dental treatment and restricting people's access to leaving the premises.

Is the service caring?

Our findings

Caring was rated as Good at our last inspection on 7 September 2017. At this inspection, it remains Good.

People were supported by staff who were caring, kind and friendly. One person said, "All the staff are nice, we go out sometimes, have fun and a laugh. I also help [registered manager] with any help they want."

The service had a very friendly and welcoming atmosphere. We saw during the days of our inspection that staff were warm, sensitive and polite. The interactions between people who used the service and staff were caring, sensitive and practical. We saw staff talking with people, laughing and joking with them and humour was used effectively, for example, to get a person to pull up their trousers which had fallen down. People were engaged and responded to staff in a positive way for example, stroking their hands, smiling and making positive verbal sounds to indicate how they might be feeling.

Staff involved people in everyday tasks, helping them organise their day to day lives including household, social and leisure interests. They asked people for their views and consent before undertaking a task, for example, "Are you ready for a cup of tea?" or "Can I just put this in your bedroom?" They also spent time being with people and talking with them.

Staff knew people well and how best to communicate with them. They knew how people preferred to spend their time, what they liked best to eat, and what their social interests were, Staff could describe people's individual personalities, personal histories and likes and dislikes. They spoke about people in a generous and respectful way. Whilst six people had moved in during the past month, staff had got to know them quickly and adapt themselves to their needs. Staff told us, "We always make sure [name of person] is safe when on the floor and they really enjoy their time free from the wheelchair and can be themselves."

People and their relatives were involved in the planning of their care and support needs. Staff spent time liaising with important people involved in their lives such as relatives and social workers when a review was needed or important decisions needed to be made. People were involved in staff meetings and discussions about their lives. For example, one person along with a staff member was presenting to the staff team about their new wheelchair and how they used it. They told us they enjoyed doing this and the staff listened to them and asked questions.

People were supported and encouraged to maintain relationships with their friends and family. Staff told us that some people regularly received visits from their family members and went out with them. Where people did not have family contact, staff were aware of how to best support them with additional company. People had legal guardians who helped them with their finances and advocacy services were used so that they had support to make choices and decisions.

Confidential information about people and staff were stored securely and this ensured people's private information was only accessible to the necessary people.

Is the service responsive?

Our findings

Responsive was rated as Good at our last inspection on 7 September 2017. At this inspection, it remains Good.

Staff responded to people in a respectful, patient and appropriate way when providing their care. On person said, "[Name of staff] helps me with making my bed and we go out together. [Name of registered manager] lets me help out with things, I am the second boss."

People's individual choices on a day to day basis were carried out and respected. Detailed written support plans and individual risk assessments were in place for people. Support plans included information which was specific to the individual about their health, mental health, emotional, practical and social care needs. The support plans were very person centred and had been written with the involvement of people who used the service and their families. Agreements to the support plans had been given by the person or a family member. The support plan highlighted most of the important information about the person, their likes, dislikes, preferences and wishes.

The registered manager confirmed that some information relating to people's religion and culture had been obtained from family members but information about other areas of their life, such as their sexuality and sexual orientation, had not been explored. In the section of the care plan 'Social interests, religion and culture,' there was little information recorded about people's religion, culture or sexual orientation. They explained it was difficult to establish people's wishes and choices as many people were unable to make their own decisions and verbally express their preferences.

Staff were very knowledgeable about people's day to day needs and able to explain to us about them and their daily lives. People could choose who supported them such as a male or female member of staff. The service was responsive to people's behavioural and emotional needs as they had plans in place to assist people to manage their feelings and behaviour. People were supported to maintain their independence and encouraged to look after themselves and their accommodation. One person said, "[Name of staff], we go out don't we? do things. I like going out, it's good. I am helping the staff to know about my new chair."

People's social and leisure activities included them doing their own hobbies at home as well as going shopping, visiting various places of interest, social clubs and day centres, horse riding, swimming and going to the cinema. Group activities were also available for people to choose to go out to should they wish. We saw that some of the activities had been recorded in photographs and these were added to their support plans. This was used as a reminder of the good times they had had and acted as a prompt to help staff communicate and engage with people.

The service had a complaints process in place that was in picture form and accessible to people who used the service. Complaints and concerns expressed by people and their relatives were now recorded and responded to appropriately. We saw that this was kept within the person's care plan and not recorded within the complaints process. The registered manager said they would add this to the complaints process

so they could monitor this more effectively and use it to improve the service. One relative said, "If we have any concerns or comments regarding [name of person]'s care I would talk to the staff about it. They listen and we discuss how to change things and it usually gets sorted out."

Some action had been taken to explore people's preferred place of care and end of life wishes. The staff member who had taken the lead on this had had some discussions with people and their family members about their wishes. However, what people's preferred place of care might be, any preferences or items they might like during their end of life care and their choices about their funeral arrangements had not been recorded in their care file for everyone to know. The staff member told us that the information they had gathered so far would be added to their care plans and they would continue to explore and record with people and their families their end of life wishes.

We saw that a person had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place when they came out of hospital. However, we saw notes in the care plan which stated that the person did want to be resuscitated in the event of a cardiac arrest. We discussed this with the registered manager who agreed that this information was contradictory and could go against the person's wishes. During our inspection, they discussed with the person their current views and ensured that the information in the care plan was updated to reflect their wishes.

We recommend that the provider look at best practice guidance in relation to diversity, human rights and end of life care wishes for people with learning disabilities and autism to ensure all their needs are considered.

Is the service well-led?

Our findings

Well led was rated as Requires improvement at our last inspection on 7 September 2017. Action was needed in relation to the quality assurance process, medicine management, supervision arrangements and lack of recording of issues and concerns. We found at this inspection, that improvements had been made. However, the recommendations we had made in the key question of Responsive at the last inspection, had not been sufficiently actioned to show that improvements had been made. The service remains Requires improvement.

The quality assurance process was not effective or sufficiently robust. Care plans had been audited monthly, however, information about people's wishes particularly to end of life care and sexual orientation had not been updated appropriately. Important information about people's sexual orientation and their end of life arrangements had not been discussed with them, or their representatives to know their preferences or wishes.

Policies and procedures were not available or had not been reviewed to ensure guidance was available to staff in supporting people to live at the service. We saw a policy on people's sexual rights and on equality and diversity. The one used by the service called, 'Guidelines regarding service user sexuality' was produced in 2009. It was paternalistic, outdated and contained incorrect information about the law. The providers policy on equality and diversity we were given was related to employment and not to people who used the service. This guidance would not provide staff with appropriate information in order to support and protect people's rights.

The service did not have an end of life care policy and there was minimal direction from the registered manager for staff to follow. Very little advice and best practice guidance had been gathered in order for the registered manager to equip themselves and the staff with the knowledge and support about people's rights and end of life wishes. The external audit completed in September 2017 and May 2018 by the area manager had also not considered people's end of life wishes.

Some people did not have any family and were under the guardianship of Essex County Council for their finances. We discussed with the registered manager what this meant for people in terms of who made choices and decisions about people's end of life care and funeral wishes and arrangements. They were unclear about the guardianship role and who was responsible for people's care and welfare decisions in these situations.

The registered manager had not made improvements recommended by us at the last inspection to provide advice and support to staff or ensure information about people's preferences was recorded to protect their rights.

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

The registered manager was visible, open and accessible to everyone working and living in the service. They were knowledgeable about people's day to day needs and spent time working alongside the staff team. They were aware of the day to day culture of the service and were supportive of the staff in carrying out their responsibilities.

The staff told us that they were well supported in their work on a day to day basis and any issues they had would be listened to and addressed. We saw that staff were supportive of the registered and deputy managers. One staff member said, "We work as a good team. Everyone gets on well and we know each other well enough." Another staff said, "All the managers are great but [Registered manager] is open, warm and caring. We always have a laugh and I never feel that anything is too much trouble."

The registered manager had improved the medicine administration system through more regular audits and effective monitoring. Staff took responsibility for checking medicines daily, weekly and monthly and told us it was a much better system to work with. Any errors could then be dealt with and investigated in a timely way to ensure people were kept safe. We saw a big reduction in the amount of errors being made. One staff said, "The system works so much better and we all share responsibility for making sure it works and supporting [name of registered manager]."

The support system for staff had improved. There was clear accountability for the provision of staff supervision with senior staff and deputy managers supporting staff. The timeliness of supervision still varied from one team to another but all staff had received at least two sessions in the past nine months. Monthly team meetings were well attended and the notes were comprehensive with actions recorded.

Staff and people were involved in helping to develop the service and they were listened to and valued. Effective communication across the service meant that staff shared and recorded important information about people on a day to day basis. A newsletter was produced for everyone to share information, events and highlight developments to the service. On the day of the inspection, one person using the service and a staff member did a presentation to the staff at the staff meeting about the person's new wheelchair and how to manage it. The person enjoyed being involved and said, "I loved that, they were all there and I told them about my chair."

Most of the necessary audits were completed by the registered and area manager. These included health, safety and maintenance records, staff recruitment, medicine audits, supervision records. Any issues, trends or areas for development were looked at as part of the ongoing development of the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality assurance process was not effective or sufficiently robust to ensure adequate information about people's needs was being recorded.