Care Management Group Limited

Ashton

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Ashton provides personal care to six people some who have a learning disability and physical needs. On the day of our inspection six people were receiving care and support.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
People were not always protected from the risk of abuse as staff were not following the correct procedures when instances of abuse were suspected. Risks associated with people's care were not always reviewed appropriately and the processes around the management of medicines was not always undertaken robustly. Accidents and incidents were not always being recorded or analysed to look for trends. The quality assurance was not robust in identifying shortfalls.

There were not always sufficient staff to support people with the one to one activities. There were improvements needed around the updates of care records and ensuring good staff practice. We have made recommendations around this.

People received their medicines when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received training in relation to their role and told us they were supported by the management team. However, we have recommended staff are provided with Makaton training so that they can communicate with people in a more meaningful way. People and relatives told us that staff were kind, considerate and respectful. We saw examples of this during the inspection. People were supported and encouraged to remain as independent as possible and were involved in decisions around their care. People and relatives knew how to complain and were confident that complaints would be listened to and addressed. People, relatives and staff thought the leadership of the service was effective.

Rating at last inspection
This service was registered with us on 2 May 2019 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about how medicines were being managed

and incidents of safeguarding not always being recorded and reported. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of this full report.

We have identified breaches in relation to the people not always being safeguarded from abuse, the management of medicines and assessment of risk and the robustness of quality assurance. Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

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 always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our Well- Led findings below.

Ashton

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
Our inspection was completed by two inspectors.

Service and service type
This service provides care and support to people living in a house in a 'supported living' setting, so that they can live 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.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not present on the day of the inspection as they had been on a period of planned leave. Instead we were supported by an interim manager.

Notice of inspection
Our inspection was unannounced.

What we did before the inspection
Our inspection was informed by information we already held about the service. We also checked for feedback we received from members of the public and local authorities. We checked records held by Companies House.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with three people that used the service. We spoke with the interim manager and three members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed two people's care records, three staff personnel files, training and supervisions for staff, audits and other records about the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We also received feedback from three relatives.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- One person told us they felt safe at the service. They said, "The staff are great and help me, they keep me safe." One relative told us, "[Person] is so happy. I would know if there was something wrong." People looked comfortable in the presence of staff. However, despite this, people were not always protected from the risk of abuse.
- We identified instances of alleged safeguarding concerns that had not been referred to the local authority or fully investigated by staff at the service. For example, one person was frequently found with bruising on their body. Although staff were completing body maps there was limited information on the body map of what steps had been taken to investigate the source of the bruising. We raised this with the manager who told us they would address this.
- Staff were not always aware of the correct procedures that related to alleged abuse. One member of staff told us, if they witnessed abuse they would speak with the abuser in the first instance. They told us, "If seen I would take them (the abuser) aside and I would just advise them to be more mindful of how they speak. I would say (to the abuser) if a similar instance happens again I would speak to the senior." This was despite the member of staff recently signing that they had read the safeguarding policy that stated, "If (abuse) suspected they (staff) should contact the on call regional director, contact the safeguarding team, contact the care manager and NOK and Safeguarding team."
- The manager told us they were aware of an instance where a relative had raised concerns about the behaviour of a member of staff towards their family member. Although they told us they discussed this with the staff member, it had not been recorded or reported to the local authority.
- Staff received safeguarding training however they were not always putting into practice the guidance given on the training.

Failure to ensure that people were protected from the risk of abuse was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

- Risk associated with people's care was not always managed in a safe way. Staff told us one person was frequently hurting them self when they tried to position themselves onto a chair. However, there was no risk assessment in their care plan that related to this, and as a result there were no strategies in place to reduce this risk.
- Where risks were identified staff were not always following the correct guidance that related to this. For example, one person was a risk of choking due to the speed of which they ate their meal. The risk

assessment stated that staff were to, "Encourage the person to eat and drink slowly" and that, "He should be monitored closely although without interfering in his independence." However, a staff member told us, "I would tell him to stop or take his plate away from him and tell him to finish what he has eaten first." This contradicts the guidance in the person's risk assessment despite the fact that member of staff had read and signed the risk assessment in the care plan.

● Another person's risk assessment in relation to their behaviour did not fully reflect what staff told us were the signs that the person was agitated. Staff told us the person would rub their hands together and could 'spit on you' and said this behaviour had happened recently resulting in the person having medication. These behaviours were not updated on the risk assessment despite this being recently reviewed. The manager told us the registered manager, who was on a period of extended leave, would normally review the risk assessments. They told us they had not had time to do this.

● Accidents and incidents were not always recorded as such or reported to the manager for them to investigate or analyse. For example, in one care plan it stated that the person had unexplained bruising to parts of their body and had sustained an injury to their head after banging their head on the wall when in bed for which they had been taken to a local hospital for treatment. Although body maps had been completed there had been no follow up investigations to identify the source of the bruising or how the person had sustained the injury.

● There were aspects to the administering of medicines that was not undertaken in a safe way. During the morning we observed a member of staff giving a person their medication in the dining room. The MAR (Medicine Administration Record) chart had been left upstairs in the person's room. This had already been signed to say that the person had taken their medicine before the person had been observed doing so. The member of staff told us they routinely signed the MAR before they observed the person taking their medicine. The member of staff also did not explain to the person what medicines there were giving them.

● The recording on the MAR chart was not always accurate. The MAR had pre-populated times for when medicine were given. However, this was not always the time the medicine was given. For example, we saw a member of staff had given a person their medicine at 10.30. The MAR had been signed to state that the medicine had been given at 08.00. NICE guidance state that staff should sign the time that medicine is given to the person.

● There had been two instances recorded of errors where staff had failed to administer people's medicine. On the 24 November 2019 a member of staff had failed to give a person two doses of their medicine. Despite this they had not undergone a further medicine competency assessment. Although it had been recorded they had been stopped from administering we saw evidence on the MAR charts they had recently given medicines to people. They had not been assessed as competent to do so.

Failure to always provide people's care in a safe way was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There were other assessments undertaken to identify risks to people and protect them from harm. These included the risks related to skin integrity, nutrition and choking.

●The risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people. For example, to avoid the risks of slips and trips when having a bath staff needed to, "Place mat on floor to prevent excess water on floor and slipping when getting in and out of the shower." Staff were aware of this guidance and put this into place.

● There were appropriate systems in place to ensure the safe storage and administration of medicines. Each person had a locked medicine cabinet in their room and temperatures were taken daily and recorded.

● People's medicines were recorded in all MARs and were easy to read. The MAR chart had a picture of the person and details of allergies, and other appropriate information. There were medicines prescribed on 'as required' (PRN) basis and these had protocols for their use.

Staffing and recruitment

● One relative fed back, "I think they always have enough staff from when I visit." During the inspection we saw where people needed support this was provided by staff straight away.

● However, staff fed back to us that at times there were not always sufficient staff to provide people with their funded one to one activities. One told us, "If there are no activities going on during the day then two (staff) is enough but sometimes activities are reduced as there are only two staff." Another told us, "It's a bit of a nightmare at the moment, we do need more staff."

The manager told us, "I must admit we could do with more staff particularly mid shift to do more one to ones with people."

● The manager told us that often they were rostered on as a carer due to the shortage of staff. They said this impacted on the management duties they would need to undertake including reviewing care plans and accidents and incidents. They told us they would work extra shifts to ensure other management duties were completed.

We recommend the provider reviews the deployment and allocation of staff so that people always receive appropriate care.

●The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record and whether they were suitable to work with the people that were being supported.

Preventing and controlling infection

● Staff understood what they needed to do to ensure that people were protected from the risk of infection spreading. One member of staff said, "We need to protect the service users from getting sick and reduce germs from spreading. Washing hands before and after making food. Washing hands before and after personal care and giving medication." We saw staff doing this.

● Staff had sufficient supplies of PPE (Personal Protective Equipment) when needed. They received infection control training and there was a policy in place that staff read to confirm they understood what was required of them.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- One person told us that staff were skilled in the care they provided. They said, "They help me with my life when I need it." A relative said, "The staff are so good, they are out of this world."
- Staff completed a full induction before they started caring for people. This included shadowing a more experienced member of staff. One member of staff said that this was useful for, "Learning their (people's) different personalities."
- Staff were provided with service mandatory training which staff were complimentary about. One told us, "Training here is really good. Whether its online or someone coming in." However, we identified where additional training would be beneficial. For example, one person communicated using Makaton (a form of sign language). Staff had not received training in this. One member of staff said, "We have not had Makaton training. It would be useful to be able to communicate with (person)."
- The manager undertook regular supervisions with staff to assess their performance and to provide support. One member of staff said, "I find them useful because I can voice any concerns that I have for the service users." However, this was not always effective in identifying shortfalls in staff practice including safeguarding procedures being followed.

We recommend the provider reviews the supervision practices at the service and ensures that all appropriate training is provided to staff around the needs of people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to moving into the service an "Initial assessment of need and compatibility" was completed for people to ensure that the service was appropriate for them. Information obtained included the person's diagnosis, their medical history and how they communicated and their care needs.
- Care and support was planned and delivered in line with current evidence-based guidance. Staff used recognised tools such as MUST (a tool used to determine whether a person is nutritionally at risk).
- Staff told us they were informed of up to date guidance through meetings and email correspondence. One told us, "We generally get emails, printed out and we read and sign them."

Supporting people to eat and drink enough to maintain a balanced diet

- We saw that people accessed food in the kitchen throughout the day. People had a choice of healthy food and drink. One person told us, "The food is good. I help with the food, so I choose what I want."
- During lunch people were encouraged to make choices and asked if they wanted to help prepare the

lunch. People ate at their own pace and had more food if they wanted to. One member of staff told us, "We ask if they would like drinks and snacks. They can help themselves." We saw this in practice on the day.
● Each person had a 'meal time' place mat where staff could see what guidance was needed to support the person with their meal. Where people were nutritionally at risk, their weight was regularly recorded, and health care professional advice sought where needed. One member of staff said, "Encouragement goes a long way. We use food and drink charts during an illness or as a response to weight loss."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to remain healthy. One relative told us, "Since living there he has come on so much (with his health)." Each person had a 'Health Care Action Plan' that was used to engage people in discussion with staff and health care professionals. One member of staff said, "We encourage a healthy diet. I would take action to introduce a new meal plan if needed."
● We saw that people had access to appropriate health care professionals in relation to their mental health and learning disability. People were supported to visit the dentist, opticians and hospital appointments. Ongoing healthcare appointments, communication and advice was all recorded clearly in care plans.
● Staff had a handover at the beginning of each shift to discuss people's current needs and activities. One member of staff said, "We have handovers. We discuss if there has been any concerns or any appointments that may be due for people. It's very useful."

Ensuring consent to care and treatment in line with law and guidance

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.

● During the inspection we saw staff asked people for consent before they delivered any care.
● People's rights were protected because staff acted in accordance with the Mental Capacity Act. We saw that there were decision specific capacity assessments in place in relation to finances, consent to care and medicines. There was also evidence of meetings where discussions took place with staff, family and health care professionals to ensure that whatever care was provided was done in the person's best interest.
● We saw that applications had been submitted to the local authority where people's liberties may have been restricted, for example with the locked front door.
● Staff understood the principles of MCA. One told us, "Always ask for consent and don't assume someone hasn't got capacity unless they have been assessed."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated Good. This means that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were caring towards them. One told us, "The staff are very, very, very kind." Another told us, "They're all lovely and professional." A relative told us, "They are all so caring. They are the tops."
- We observed staff to be kind and considerate towards people. When people showed any anxiety, staff provided reassurance. Staff understood how people communicated. There were people that had their own form of sign language and staff understood what people were trying to say. When one person appeared anxious a member of staff approached them in a gentle way and encouraged them to explain how they felt.
- It was clear that staff had developed good relationships with people. People and staff laughed and joked together. They discussed their common interests in music and films.
- People were supported to attend religious services that were important to them. One member of staff said, "We support [person] to go to the church regularly and mass with his mother."
- Relatives and friends were encouraged to visit and maintain relationships with people. One relative said, "I will just turn up at any given time."
- We did raise with the manager that one member of staff did not always engage with people in a supportive way. They told us they would address this with the member of staff.

Supporting people to express their views and be involved in making decisions about their care

- People were given information by staff about the consequence of the decisions they made to assist them to make their own choices. For example, in relation to having personal care and when they had their meals. We saw one member of staff remind a person that if they wore their slippers their feet would not get cold. The person was then seen to put their slippers on. One person chose to not have a shower in the morning and staff respected this decision.
- People's rooms were personalised with things that were important to them. You could see from their rooms what their individual interests were. For example, one person's room had memorabilia and DVDs of their favourite movie star.
- People were encouraged to make decisions about their care. Each person had regular meetings with their allocated 'key worker' to talk through things that were important to them. We saw from records that discussions took place around the person's loved ones and what activities they wanted to try. The home was decorated with people's art work and there were photos and canvasses of people that lived there.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect by staff. One told us, "The staff are very, very, very

respectful." A relative said, "They have always treated him with dignity, they are brilliant."

● People were supported with their independence. One relative told us, "I am so proud of what he has learned since being there. He lays tables and makes a cup of tea." People were encouraged and supported to clean their rooms and help prepare their own lunches. A member of staff said, "I just always encourage people to help me help them, whether it is in the morning supporting people to get dressed or making lunch or dinner."

● During lunch staff were heard encouraging people saying, "Do you want to go and get the cups out for me?" One person put plates out on the kitchen side whilst another person got people's personal cups out.

● When staff provided personal care to people this was provided behind closed doors to protect people's dignity. When staff spoke with people they did this in an age appropriate way and in a respectful manner. One member of staff said, "[Person] likes to get undressed at night, I treat her with dignity when [person] hasn't done it properly." Another told us, "When I assisted [person] to the toilet I will make sure his door is closed to protect his privacy."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● We saw from the care plans that people were asked what support they wanted. The care plans contained detailed information about people's care needs and actions required in order to provide effective care. People at the service had specific routines that were important to them. For example, when one person was becoming anxious they liked to write things to express how they felt. We saw a member of staff supporting them to do this.

● There were detailed care records which outlined individual's care and support that included personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues. One relative said, "He has learned so much. He writes now and says a lot more words (since being at the service)."

● We saw that one person had diabetes and there was detailed guidance for staff on the care that needed to be provided if they became unwell. Staff were knowledgeable on the care that was required. Staff told us that they read people's care plans before they provided any care. One staff member said, "I refer to the care plans and they are clear."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People told us they enjoyed taking part in activities inside and outside of the service. One person told us, "I enjoy horse riding and my morning at the club." Another said, "I never miss my morning out and always do what I want." A relative told us, "He has all his hobbies which he loves doing." Another said, "I think he does what he wants."

● During the inspection people sat and watched television, listened to music or rested in their rooms. Staff gathered information about the people's interests and hobbies. For example, one person liked puzzles and art and we saw that they had opportunities to do this.

● People were supported to attend activities outside of the service including a local day centre. Two people attended the day centre on the day of the inspection. When they returned to the service staff complimented them on the art they had done whilst they were there. The manager and staff told us they wanted to ensure that more outside activities were organised. They told us an increase in staff levels would assist with more one to one outings for people.

Improving care quality in response to complaints or concerns; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

● People knew what to do if they were unhappy about anything. We saw people approaching staff during the inspection when they had a concern. One person told us they had raised a concern about the lock on their bathroom and that, "Head office are sorting it out." A relative told us, "I have no complaints whatsoever." Another said, "I have never had to make a complaint. I would not hesitate in saying something but never had to as they are brilliant."
● We saw that people were provided with a copy of the complaints procedure that was in picture format to help them understand.
● People's concerns and complaints were listened and responded to and used to improve the quality of care. There had been no formal complaints at the service since the service was registered. Staff told us they would support people to make complaints. One said, "We always encourage people to tell us as soon as something is wrong, so we can address it straight away and support them through the complaints procedure if necessary."
● Care plans had communication records in place. However, there was one person that was profoundly deaf and communicated using Makaton (a form of sign language). Although the person did not always use Makaton the manager told us the person would understand it if staff used it. The provider has told us that Makaton training was going to be arranged for staff.
●There were documents that were provided to people in picture format including care plans.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. The lack of robust monitoring did not always support the delivery of high-quality, person-centred care.

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How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. Whilst on the inspection we identified incidents of safeguarding that had not been notified to the CQC.

● We noted in one person's notes there had been several incidents of unexplained bruising to the person. There was also an incident where a person had sustained a head injury that required treatment from a local hospital. These had not been notified to the CQC.

● Although next of kin were required to be notified of any instances of safeguarding there was no evidence they had been notified of the safeguarding concerns or the injury to the person.

As notifiable incidents had not always been sent in to the CQC this is a breach of regulation 18 of the (Registration) Regulations 2009.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

● Relatives were complimentary about the leadership at the service. One relative said, "They are very good at keeping in contact with me. It's important that they do that." Staff also fed back they felt the management were supportive. One member of staff said, "I think the management is very good. [Manager] is doing well." Another said, "[Manager] is lovely. She's very nice when she speaks to the service users as well." The manager told us they felt supported in their role. They said, "[Regional manager] is very good, even [registered manager] is there for us."

● Despite this feedback we found that improvements were required around the robustness of leadership and quality assurances processes. Where a concern had been raised by a relative about the conduct of a member of staff this had not been recorded appropriately or referred as a safeguarding.

● As the manager was also rotered on duty to work as a carer this meant they did not always have the opportunity to review accidents and incidents or update care records in relation to risk assessments. Provider audits took place, but it was not always clear what actions they had taken in relation to this. For example, it was identified on an audit in November 2019 and January 2020 that, "Staff against funded hours (for people) needed completing." From our inspection we identified that there were not sufficient staff to ensure that people were always receiving their one to one funded hours.

● There were elements to the quality assurance that were effective. For example, in a provider audit it

agreed that medicine cupboards would be placed in people's rooms. We saw that this had taken place.
● It was clear the manager knew all the people at the service and their needs very well. They would interrupt any discussions we had with them to respond to people when needed.

As quality assurance and leadership was not always robust this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were given opportunities to talk about things they would like at the service through regular keyworker and residents' meetings. We saw from the minutes of one meeting that people talked through healthy eating and what sorts of foods they could have. Relatives were asked to complete surveys to gain feedback on the care. The surveys we reviewed were complimentary of the care given. One relative fed back, "I love them all" referring to staff.
● Staff attended meetings and were invited to contribute to the running of the service. One member of staff said, "Meetings happen every one to two months and they are useful." We saw that training, polices and people's needs were discussed at the meetings.
● Staff told us that they felt supported and valued. One said, "Communication is key, and we work very well for good outcomes." Another said, "They (managers) have open door policies. They say I can text and call them at any time. I feel valued because of the compliments I get. They will say to me I'm really good at my job." The manger told us they felt supported, they said, "The registered manager" will always say I am doing a good job. I got an award as a lead support worker. Always praised me for what I do."

Working in partnership with others
● The management team worked with external organisations to drive improvements in care. The service liaised with other organisations such as the local authority and the local day centre for people with a learning disability.
● There was involvement from health care professionals to review people's care. One health care professional had been contacted in relation to a person's medicine to determine whether this was still required. There was evidence from the health care professional they had reviewed this and advised staff this was no longer needed.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not ensured that incidents were reported to CQC where appropriate.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that care was always provided in a safe way.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured that people were always protected from the risk of abuse.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that robust quality assurance systems were in place.