

Creative Support Limited

Creative Support - Dove Lane

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

About the service

Creative Support- Dove Lane is a residential care home providing personal care to five autistic people or people living with a learning disability, at the time of this inspection. The service can support up to six people. People had their own personalised bedrooms and shared communal areas such as a kitchen, bathrooms, living room and a garden.

People's experience of using this service and what we found

Staffing levels were not adequate to provide a consistently safe and effective service to people. People who required support with needs such as epilepsy were left unsupported for short portions of the day, putting them at potential risk of harm. For this reason, some risk assessments were not possible to follow in areas such as supporting people living with epilepsy. These issues were known by the provider and being discussed with the local authority but had not been resolved.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

People were at risk of not having their personal preferences met due to poor staffing levels. They were unable to leave their home to explore social interests and there were not enough staff to support people with their interests in their home at all times. However, people were happy living in their home, having lived there for a long time.

The registered manager and provider completed audits to monitor the quality of the service. These were effective in identifying improvements to areas such as health and safety and medicines. However, audits had failed to pick up on people's experiences of care regarding following interests and past times. We were not assured that best practice guidance was being followed at the service in relation to Right Support, Right Care, Right Culture.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Improvements were needed to some areas of the service to ensure that it fully met people's needs.

Despite our findings feedback from people and relatives was positive. One relative said, "I have complete faith in the registered manager and the staff team. I think they all do a great job."

Risk assessments were detailed and guided staff how to support people safely. Staff were trained in

safeguarding and knew how to report any concerns to the appropriate authorities. Staff were recruited in line with legislation to help ensure they were appropriate for their job roles. People were supported safely with their medicines. Good infection control measures were in place, including for COVID-19 to help ensure that people were kept safe.

People's needs were assessed before they started living in their new home. Food and drink looked appetising and people were supported in line with their dietary needs and preferences. People were supported to see health professionals if this was needed and staff supported people to follow advice from these professionals to help keep people healthy.

Staff knew people well as individuals and treated them with kindness and compassion. People were supported to make some choices in their day to day life and staff supported their independence, privacy and dignity. People and their relatives had access to a complaint's procedure and complaints were responded to appropriately. The registered manager and staff team supported people to put plans in place for the end of their life if required.

The registered manager was passionate about providing a positive culture at the service. Feedback about them from relatives of people using the service was very positive. People, their relatives and the staff team were asked for their feed back about the service. The staff team worked with other organisations to help promote good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service, when it was managed under a different provider was good (report published 19 February 2019).

Why we inspected

This was a planned inspection based on the previous rating and when the service was taken over by Creative Support.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to staffing levels, person centred care and the governance of the service at this inspection

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Creative Support - Dove Lane

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector

Service and service type

Creative Support- Dove Lane 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 2 hours' notice of the inspection. This was because the service is small, and people may have been out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four relatives about their experience of the care provided to their family member. We spoke with six members of staff including the service director, registered manager and support workers. We spent time observing the support that people received from the staff team.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection, registered under another provider, this key question was rated as good. At this inspection this key question has deteriorated to 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.

Staffing and recruitment; Assessing risk, safety monitoring and management

- Staffing levels were not safe at certain times of the day. Between the hours of 7:30 and 9:00, and 16:00 to 19:30, two staff were working on shift. Three people needed two staff to support them with personal care such as having a shower. This meant that two staff would need to leave the remaining four people without any support. Two people were living with epilepsy and staff were not able to be in the same room with them at all times in case they had a seizure. This put people at risk of harm.
- Staff shared their concerns about staffing levels with us. Their comments included, "It's very tough now. We need more staff. [Registered Manager] helps as much as they can but we just do not have time to do anything meaningful with people" and, "Staffing levels are a real challenge now. We have lost good staff and they are not being replaced."
- Relatives also felt that there were not enough staff. Their comments included, "I know the service has staffing problems and the care [family member] gets is not what it used to be" and, "[Family member and other people using the service's] needs have changed so they need more physical support than what they used to. Staffing levels have not changed to meet these needs." Another relative told us, "People are not safe in the evenings as they are left alone whilst staff help other people [with personal care]."
- Low staffing levels meant risk assessments for people in areas such as epilepsy or helping to prevent social isolation could not be followed. Staff spent their time supporting people with personal care, cooking meals or cleaning the service. There was not enough time to spend with people to help reduce boredom or isolation.
- The registered manager and service director showed us evidence that they had been discussing staffing levels with the local authority. However, the issue of low staffing had not been resolved.

We found no evidence that people had come to harm. However, there were not enough staff to support people safely. This put people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they often supported directly on shift to ensure that staffing levels were safe. Staff members often picked up extra shifts to support people using the service which helped mitigate some of the risks.
- The registered manager and service director acted on our concerns and contacted local authority commissioners to discuss staffing levels again following our inspection.
- The provider had checks in place to help ensure that new staff were suitable to support people using the service.

- Risk assessments in place for people in areas such as eating and drinking or being supported to use moving and handling equipment were detailed. These guided staff to help ensure that people were supported safely. One relative said, "I have no doubt that staff know how to keep [family member] safe with all the equipment they need to use."
- Staff completed health and safety checks of the environment, including fire safety checks to help keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their family members were safe living at the service. Their comments included, "[Staff] support [family member] safely. I have no concerns" and, "[Staff] know how to help [family member] stay safe."
- Staff had a good understanding of how to keep people safe and knew what signs may indicate abuse had occurred. The registered manager reported safeguarding concerns to the local authority and the CQC if this was needed.

Using medicines safely

- Staff were trained to support people safely with their medicines and had their competency checked to do so regularly. One relative said, "Staff are trained to give the medicines. They told me how they changed [family member's] medication after the GP visited."
- Audits and checks were completed to help ensure that medicines were administered correctly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The service looked clean and staff followed a specific cleaning schedule to help ensure that good infection control measures were followed. One relative said, "Whenever we visit the service looks great. It always smells nice too."
- Staff were trained to use PPE effectively and felt safe working throughout the COVID-19 pandemic.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and discussed in staff meetings to help ensure they did not happen again. Staff told us that risk assessments were updated following incidents to help ensure that lessons were learned.

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.

At the last inspection, registered under another provider, this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- The service was not designed to meet some people's needs. Door frames were too narrow for people who used wheelchairs to use easily. It was safe for people to use these door frames however; people's wheelchairs rubbed and marked some doorframes. Staff told us that it was difficult to support people through these doorframes.
- Relatives told us there had been plans to widen these doorframes, however this had not happened. Their comments included, "There have been plans to widen the doors for a long time now but nothing seems to have happened" and, "When [provider] took over the service we asked about the plans to widen the doorframes but it is years later and there has been no change."
- People using wheelchairs were unable to access the laundry room due to the size of the doorframes. This meant people would not be able to do their own laundry if they chose to do so. This was a missed opportunity to help promote people's independence.
- The registered manager and service director showed us evidence that these improvements to the environment continued to be discussed with the local authority and housing association. However, these issues had still not been resolved. The service director told us that they would continue to raise this with the relevant parties.
- The rest of the service looked homely and inviting. People's bedrooms had been designed according to their preferences and interests. A relative told us, "I am really impressed with the way the service looks. It has definitely been designed as [family member's] home."
- There were no identifying signs to say that people's home was a 'service'. The service looked like other buildings in the surrounding community giving it a very homely feel.

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

- The provider was not able to fully show how they were delivering care in line with best practice guidance such as Right support, Right care, Right culture. This is discussed in the safe, responsive and well-led sections of this report.
- People's needs were assessed when they started living at the service. Assessments focused on people's likes and preferences as well as their physical support needs. One relative said, "When [family member] moved in to Dove Lane the transition went smoothly. The staff made an effort to make sure they were happy with everything."
- If people's support needs changed, their needs were reassessed to ensure that staff understood how to meet these. For example, if people needed to start using equipment such as hoists, risk assessments were created to guide staff how to support people safely.

Staff support: induction, training, skills and experience

- Staff received training in areas relevant to their job roles. This included supporting autistic people or people living with a learning disability, medicine administration and safeguarding. One relative told us, "[Staff] seem to be well trained. They all certainly seem to know what they are doing."
- New staff spoke with us about the induction they had at the service and how this prepared them for their job roles. Staff also had supervision and competency assessments and told us that these were supportive.

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

- Staff supported people to eat according to their support needs and preferences. Food was prepared safely in accordance with these needs.
- Food looked and smelled appetising. One relative told us, "The food that [family member] eats looks really good. I think they eat a lot better than I do."

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 see health professionals such as GP's, dentists and speech and language therapists if they needed this support. One person's health had deteriorated, and the staff team had been quick to get the right support in place. This person's relative said, "[Family member] has a lot going on with their health. Staff keep us updated and we know they look after [family member] as best they can."
- Staff followed advice given by health professionals to support people safely. Any changes to people's support as a result of this advice were added to people's care and support plans.
- Staff supported people to be healthy in ways such as encouraging healthy food options and supporting people to drink regularly.
- The registered manager had developed health action plans that could be shared with hospital staff if people needed to stay in hospital. This meant that hospital staff knew essential information about people when they needed to support them.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people did not have capacity to make decisions, mental capacity assessments were completed, and decisions were made in people's best interests.
- Staff were trained in the MCA and had a good understanding of how this impacted on people's day to day lives.
- Staff asked for consent when they supported people and explained what they were doing. One relative told us, "[Staff] sit down with [family member] and explain what they are going to do. They never assume that [family member] does not understand what is happening."

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.

At the last inspection, registered under another provider, this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff speaking with people in a kind and compassionate way. People appeared relaxed and comfortable being supported by the staff team. People showed that they were happy with staff support by using eye contact, physical touch and gestures.
- Relatives comments were positive regarding the care of their family members. These included, "[Staff] have done so much and they really are so caring. It's hard to think of a specific example because the care is so good" and, "Every time I visit [family member] they seem happy and well looked after. I think the staff really do care."
- Staff knew people well as individuals and knew what was important to them. Preferences relating to equality and diversity were understood and respected.

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

- People were offered choices in their day to day lives such as what to wear, what to eat and drink and how to spend time in their home. Staff promoted choice by using different methods of communication such as objects or signing. One relative said, "[Staff] know how to offer choices to [family member] as they know what their likes and dislikes are, and can guide them based on this."
- Relatives told us that they were involved in their family members care and support and that this was discussed regularly. One relative told us, "We did a review recently and I was involved. [Staff] ask for my input as it is required."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people to be as independent as possible. People were involved in household pastimes such as cooking and cleaning. People's care plans gave clear guidance how to support people to complete personal care tasks as independently as possible.
- People's privacy and dignity was respected. Staff gave people their own space when they needed this and ensured that dignity was maintained during tasks such as personal care. One relative said, "[Staff] are very respectful. They always make sure that [family member's] dignity is maintained."

Is the service responsive?

Our findings

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

At the last inspection, registered under another provider, this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- The registered manager and staff team were passionate about providing person centred care for people. However, staffing levels at the service meant that people's needs, and preferences were not always met.
- Staff explained that it was not possible for people to leave the service when there were only two staff on shift. This limited people's opportunity to explore social past times and interests. One relative said, "It is a shame that [family member] is not able to get out and about like they used to as they really love this. It is impossible to leave the service with the current staffing levels."
- One person had leaving the service to go for a walk noted as a preferred past time in their care plan. This person had not left the service in over four weeks. This meant the person's preferences were not being met, and this could lead to self isolation, boredom and missed opportunities.
- People had access to a vehicle they could use to go further away from the service. However, only a limited number of staff could drive this vehicle further limiting opportunities for people. One relative told us, "There are very few staff who can drive the vehicle, and this is what [family member] really likes to do. It limits their opportunity to go out and about."
- Staff explained that they would like to spend more time with people supporting them with their past times and interests. However, due to tasks such as cooking and cleaning and supporting people with personal care this was not possible. One relative said, "I know staff try their best, but it must be so hard to spend quality time with [family member] as they are so busy."
- The registered manager explained that it had been more difficult to recruit and retain consistent staff members. They told us that this meant it was more difficult for staff to know people's personal preferences well. One relative told us, "The trouble is every time we go to visit [family member] there are new staff about. This must make it hard for [family member] as it takes a long time to get to know them."
- People had lived at the service for a long time and their needs had changed so they now needed more support with things such as personal care. However, staffing levels had not changed to accommodate these. One relative said, "People living at the service have very different needs than they used to, but staffing levels have not kept up to help with these."
- The registered manager and provider were aware of these issues and were discussing them with the local authority. However, these remained unresolved.

We found no evidence that people had come to harm. However, people were not always having their preferences met and were unable to explore social interests and past times. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service director and registered manager responded to our concerns immediately and readdressed staffing levels with the local authority.
- Despite our findings staff knew people as individuals and knew how to support them according to their likes and dislikes. Support plans detailed people's preferences in detail. One relative said, "Staff care for [family member] so much. They really know them as an individual and you can see how happy [family member] is in their home."
- The registered manager showed us evidence of social pastimes taking place in the past such as visiting café's, local parks and pubs. Relatives told us that people had taken part in a wide range of social interests.
- People were supported to keep in contact with their family and friends and this had maintained throughout the COVID-19 pandemic. Contact included the use of video calls, telephone calls and e-mails as well as relatives visiting the service.
- The local community treated people using the service as their neighbours and always tried to greet them when they left the service. One relative told us, "The neighbourhood is lovely and they all really enjoy seeing [family member]. It is a real community feel."

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.

- Staff understood how to communicate with people in ways that made sense to them such as using objects or signs. People were able to make choices using eye contact or physical touch to let staff know how they wanted to be supported.
- Documents such as complaints and safeguarding policies were available in accessible formats for people to use.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place for people to use if they needed to raise a concern. One relative told us, "I have raised a concern and I know this is being looked in to. I am kept up to date."
- Other relatives told us they knew how to make a complaint and felt comfortable doing so.

End of life care and support

- People and their relatives had been supported to discuss and put plans in place for the end of their or their family member's life if these were required. These plans focused on people's preferences for when they reached the end of their life.
- Staff had access to support from palliative care nurses when people reached this stage of their lives.

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.

At the last inspection, registered under another provider, this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and service director completed audits to monitor the quality of the service. These were effective in identifying improvements related to areas such as health and safety and medicines. However, audits had not been effective at picking up on the issues we found at this inspection, in areas such as people having limited opportunities to follow preferred social interests and past times.
- The service was unable to demonstrate how it was meeting all aspects of Right Support, Right Care, Right Culture guidance. Whilst some aspects such as the people's home fitting in with the local community and people being offered day to day choices were met, others were not. Staffing levels prevented people being able to fully explore social interests and have their personal preferences met.
- Staff told us staffing levels made it difficult for them to meet all the requirements of their job roles. They were unable to spend time with people and support them to leave their home when they wished to do so. Staff did not feel supported by the provider and one staff member described their work as 'the hardest it had ever been'.
- The registered manager and service director were aware of the risks associated with the current staffing levels. However, despite attempts to resolve these with the local authority, improvements had not been made or sustained. One relative told us, "It is very frustrating as we have been waiting for improvements [to staffing levels] for a long time and nothing seems to be moving forward."
- We could not be assured that the registered manager and service director understood how best to continually learn and improve care. People living at the service were at risk of not having personal preferences met and were not being supported in line with guidance such as Right Support, Right Care, Right Culture. Audits had not been effective in identifying this and improving the lived experiences of people using the service.

We found no evidence that people had been harmed. However, audits were not effective at identifying where improvements were needed regarding people's lived experience in the service and ensuring that best practice guidance was being followed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and service director were receptive to our feedback about the areas of the service that may need improvement. They told us that they would continue to address the shortfall in staffing levels with the local authority.

- Audits were effective in identifying improvements relating to areas such as the updating of support plans and risk assessments.
- The registered manager understood other areas of their job role and was passionate about improving the quality of care that people were receiving.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Staffing levels meant that it was not possible to have a truly person centred and empowering culture at the service. However, the registered manager and staff team were passionate about providing care for people and people were included as far as possible in all aspects of their lives.
- Relatives were positive about the care family members received. One relative said, "I can't imagine a better home for my family member. [Staff] love them and they love the staff team."
- The staff team spoke about people with kindness and compassion and clearly knew them well as individuals. This meant that they could include and empower people more easily in their day to day lives.
- Relatives and the staff team were positive about the registered manager and the support they gave. One relative told us, "[Registered manager] is excellent and has gone above and beyond to keep [family member] happy and safe."
- The registered manager understood duty of candour and were transparent with people and their relatives if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were asked for feedback about their care and support. Staff held 'key worker' meetings with people to discuss their support with them. These were completed in ways that made sense to people such as using pictures or 'yes' and 'no' questions. One relative said, "We are always asked for feedback and [staff] keep us up to date with what is happening."
- Staff were supported to feed back about the service in supervisions and team meetings. Staff were very positive about the support the registered manager gave them.

Working in partnership with others

- Staff worked with health professionals such as district nurses and speech and language therapists to help promote good outcomes for people.
- The registered manager told us they had linked with other organisations to promote people's interests and achieve good outcomes for them.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>We found no evidence that people had come to harm. However, people were not always having their preferences met and were unable to explore social interests and past times.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed. However, audits were not effective identifying where improvements were needed regarding people's lived experience in the service and ensuring that best practice guidance was being followed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>We found no evidence that people had come to harm. However, there were not enough staff to support people safely. This put people at risk of harm.</p>