

Sable Care Limited

Sable Care Limited - 22 Ashbridge Road

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place over three days on the 6, 7 and 12 July 2016 and was unannounced. The service was last inspected in May 2014 and at that time it was found to be meeting all of the outcomes we looked at.

Sable Care Limited - 22 Ashbridge Road is a residential home that provides accommodation and support with personal care for up to four adults with complex needs including learning disability, autistic spectrum disorder and challenging behaviour. Four people were using the service at the time of our inspection.

At the time of our inspection a registered manager was in place. 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 left their employment with the service after our inspection.

The service did not have sufficiently robust systems in place to protect people from financial abuse. Although people were not permitted to leave the service without staff support there were no Deprivation of Liberty Safeguard authorisations in place. The service had not carried out any mental capacity assessments where it was judged people lacked capacity. The service did not have sufficiently robust quality assurance and monitoring systems in place and the registered manager was not aware of all their legal responsibilities. Guidelines were not always in place about when to administer 'as required' (PRN) medicines. Staff did not always act in a respectful manner towards people.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are considering our response to these breaches.

There were enough staff working at the service to meet people's needs. Robust staff recruitment procedures were in place. Risk assessments had been carried out to help support people in a safe manner. Medicines were stored securely.

Staff received regular training and supervision. People were supported to make choices including about what they ate and drank. People had access to health care professionals.

People told us they were treated well by staff. Care plans included information to promote people's independence. Staff had a good understanding of how to promote people's independence. Most of the time staff interacted with people in a caring manner.

Personalised care plans were in place which set out how to meet people's individual needs. People were involved in planning their care as were family members. People had access to a range of activities in the community. The service had a complaints procedure in place and people knew who they could complain to if needed.

People told us they were supported by the registered manager and staff told us there was a good working atmosphere at the service.

The overall rating of this service is "Inadequate" and the service is therefore in "Special Measures". Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this time frame.

If not enough improvement is made within this time frame so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe. The service did not have effective systems in place for checking and monitoring people's finances.

Risk assessments were in place which included information about how to mitigate risks people faced. The service did not use any form of physical intervention when working with people.

There were enough staff working at the service to keep people safe and robust staff recruitment procedures were in place.

Medicines were generally managed in a safe manner although there were not always guidelines in place about when to administer 'as required' (PRN) medicines.

Is the service effective?

Inadequate ●

The service was not effective. People had their liberty deprived without having a Deprivation of Liberty Safeguard authorisation in place. The service managed money and medicines on behalf of people but no mental capacity assessments had been carried out about this.

Staff undertook regular training and had one to one supervision from a senior member of staff to support them in their role.

People were supported to make choices about their daily lives including what they ate and drank.

People had access to health care treatment and the service supported people to live healthy lifestyles.

Is the service caring?

Requires Improvement ●

The service was caring. Most of the time staff interacted with people in a caring manner although we saw one incident of support that was not caring.

People told us they were treated well by staff.

Is the service responsive?

Good ●

The service was responsive. We found that people were involved in planning their care. Care plans were in place which set out how the service was to meet people's assessed needs. People had access to a range of community based social and leisure activities.

The service had a complaints procedure in place. People knew who they could complain to if required.

Is the service well-led?

The service was not well-led. Quality assurance and monitoring systems were not sufficiently robust. The registered manager was not aware of all their legal responsibilities.

People who used the service and staff spoke positively about the registered manager.

Requires Improvement 

Sable Care Limited - 22 Ashbridge Road

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 over three days on the 6, 7 and 12 July 2016 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications they had sent us. We contacted the host local authority to gain their views about the service.

During the inspection we spoke with two people who used the service and observed how staff interacted with people. We spoke with six staff. This included the registered manager, the quality assurance manager and four care officers. We looked at two sets of records relating to people who used the service including risk assessments and care plans and we looked at medicines records for all four people. We looked at two people's financial records.

We examined staff records of five staff including training, supervision and recruitment records. We saw minutes of staff and service user meetings. We looked at quality assurance and monitoring systems including surveys and reports of visits carried out by the quality assurance manager. We looked at various policies and procedures including the complaints and safeguarding adults procedures.

Is the service safe?

Our findings

The service did not have sufficiently robust systems in place for protecting people from financial abuse. The inspector identified material concerns with the systems for safeguarding people from financial abuse which lead to a safeguarding referral by the Care Quality Commission to the relevant local authority adults safeguarding team and the police.

Of the four people using the service at the time of our inspection the service had responsibility for managing two people's finances. The other two people had their finances managed by their relatives.

Although risk assessments were in place for people they did not cover the risk of financial abuse. The service had not carried out mental capacity assessments to determine if people required any support with managing their finances and if so what level of support was required.

There was not a copy available at the service of a policy dealing with managing people's money. The registered manager sent us a copy of their 'Sable Care Residents Money Policy' after the inspection on 15 July 2016. However, the policy did not include details of how decisions were made as to who should manage people's money. It did not provide guidance about what steps needed to be taken to determine if people's money should be managed by the service. The policy did not include information about how to obtain money from people's bank accounts where this was the responsibility of the service. The policy did not include information about having systems and processes in place and operated effectively to prevent abuse of people who use the service in relation to the theft, misuse or misappropriation of money belonging to people who used the service.

The system did not protect people from financial abuse as certain staff at the service had free access to people's money without appropriate safeguards and checks in place. Money was obtained from cash machines for people with the use of bank cards. The bank cards were kept in the personal possession of staff.

We examined bank statements going back to May 2015 and found several discrepancies between them and the resident money records. We found several instances on bank statements where money had been withdrawn from a cash machine and there was no corresponding entry on the residents money record. We discussed this with the registered manager who told us they were unable to account for the discrepancies.

The registered manager told us they did not carry out cross checks between people's bank statements and the resident money records. We spoke with the quality assurance manager for the service who had responsibility for monitoring the care provided at the service. They carried out monthly inspections of the service but told us this did not include checking people's financial records. We saw reports of these inspections which corroborated what the quality assurance manager had told us, i.e. they did not include any checking of finances for people including bank statements and resident money records. The registered manager told us that no one else had responsibility for checking people's financial records. This meant service users were not protected from abuse and improper treatment because the provider had not

established systems and processes to prevent abuse of people who used the service with regard to theft, misuse or misappropriation of money belonging to service users.

The provider contacted us on 26 July 2016 to inform us of measures they had take in response to the concerns we identified. The provider told us they were taking steps so that monies for all people who used the service would be managed by their family. They told us a system had been introduced where-by two staff signed for any money entering the service or leaving it. They said family members would be provided with copies of receipts where the service spent money on behalf of people. They said staff would be provided with training about managing people's money. The said a senior member of staff from the provider would carry out fortnightly checks of people's finances at the service. They told us they followed their own disciplinary process to address the issues identified of financial irregularities

Lack of effective and robust systems for protecting people from the risk of financial abuse was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a safeguarding adults procedure in place. This made clear their responsibility for reporting any safeguarding allegations to the local authority and the Care Quality Commission. The registered manager was aware of their responsibility with regard to responding to any safeguarding allegations. Records showed that safeguarding allegations had been dealt with appropriately by the service in line with their procedure.

Staff told us they had undertaken training about safeguarding adults and they were aware of their responsibility for reporting any allegations of abuse. One staff member said, "If I suspect one of the residents is being abused I have to report it to my manager. I would have to report it to head office if I suspected the manager was abusing a resident." Another member of staff said, "I would let my manager know [about suspected abuse]."

Risk assessments were in place for people which included information about how to mitigate the risks people faced. These were of a good standard, information provided was personalised about the risks to the individual people. For example, the risk assessment for one person about attending medical appointments stated, "Staff will need to prepare [person who used the service] for her appointment a few days before by explaining to her verbally as well as showing her pictures that she has an appointment. When arriving for the appointment staff should inform the receptionist that she has a short attention span and may display challenging behaviour and ask if she can be seen soon." Assessments covered risks including using kitchen equipment, accessing the community, medicines and risks from others.

The registered manager and staff told us they did not use any form of physical intervention when working with people. Risk assessments identified that some people exhibited behaviours that challenged the service and these included guidelines on how to work with people to support them with this. Staff were aware of what strategies to use when people were exhibiting behaviours that challenged the service. Talking about one person a staff member said, "We give them a drink and time and space to calm down." Another staff member described how they supported a different person, saying, "She doesn't need physical restraint. What we do is talk to her and give her a drink. Sometimes you sit beside her and give her attention." During the course of the inspection we saw this person becoming agitated and staff followed the guidance in the risk assessment for them. We saw that this helped the person to become calm.

Staff told us that there were enough staff working at the service to meet people's needs. One staff member said, "I will tell you we have enough staff. Even when we are short of staff [due to staff sickness] head office will send staff immediately." Another staff member said, "There is enough staff all through the shift. I have

done day shifts and night shifts and there are always enough staff." During the course of our inspection we saw there were enough staff working to meet people's needs. Staff were not hurried in their duties and were able to support people in a timely manner.

The service had robust staff recruitment procedures in place. Staff told us and records confirmed that checks were carried out on staff before they were able to commence working at the service. One staff member said, "They did all the checks, the police check, they got references." Records showed people undertook criminal records checks and were expected to supply proof of identification and employment references. This meant the service had taken steps to employ suitable staff.

Medicines were stored securely in a designated and locked medicines cabinet inside the office and in a designated medicines cabinet in one person's bedroom. One person was prescribed a controlled drug and the controlled drugs register was appropriately maintained and two staff signed each time a controlled drug was administered. Medicine administration record (MAR) charts were in place for people. These included details of the name, strength and dosage of the medicines to be administered. We checked MAR charts for a six week period leading up to the date of our inspection and found them to be accurate and up to date. An audit was taken daily of the amount of medicines held in stock. We checked several medicines and found the amounts held in stock tallied with the recorded amounts.

We looked at the records of four medicines that were prescribed on an 'as required' (PRN) basis. Guidelines were in place for two of these medicines to inform staff when they should be administered. However, two people had been prescribed paracetamol tablets on a PRN basis and there were no guidelines in place about when these were to be given. We discussed this with the registered manager who said they would address this issue. We recommend that clear guidelines are in place for the administration of any medicines prescribed a PRN basis.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

None of the staff we spoke with were aware of whether any people using the service had a DoLS authorisation in place. One staff member said, "I am not aware of any DoLS for anybody." But staff also told us people were not allowed to go out on their own. They told us that although no people expressed a wish to go on their own they would be prevented from doing so if they did want to. Staff explained that this was because they believed it would not be safe for people to go out without the support of staff. One staff member said, "That is a straight no, they have to be assisted by staff" when asked if people were allowed to leave to premises by themselves.

The registered manager confirmed that all people using the service at the time of our inspection would be prevented from going out on their own due to reasons of safety. They confirmed that they had not made any applications for DoLS authorisations for people and said they were not aware that they were necessary.

The provider contacted us after our inspection and said they had now applied for DoLS applications for people using the service.

Not having DoLS authorisations in place where people required them was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People can only be deprived of their liberty in a care home if the service had the legal authorisation to do so.

Staff we spoke with did not have a good understanding of the MCA and told us they had not undertaken training about it. The registered manager told us the service had not carried out any mental capacity assessments for people. One person had needed an operation and a mental capacity assessment had been carried out about this but that was initiated by medical staff responsible for providing the clinical treatment required. We found that the service managed medicines for three people using the service and managed money for two people using the service. The registered manager told us this was because those people did not have the capacity to manage those issues themselves. However, no mental capacity assessments had been carried out in line with the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that people were able to make choices for themselves over their daily lives. For example, a staff

member said that one person who was unable to talk pointed to the clothes they wanted to wear. Another member of staff told us how offering one person simple choices enabled them to make a choice. For example, they told us they might say to a person, "Do you want orange or strawberries? And show them the two options." People told us they were able to make choices. One person said, "I choose [what clothes to buy when shopping]." The same person said, "I go to bed when I want to." Another person said, "I choose my own clothes to wear."

Staff told us they undertook regular training. One staff member said, "We had training on medication, nutrition, challenging behaviour. We had training on safeguarding not long ago, we must do it yearly." In addition to the mandatory training courses other training was available specific to their role. One staff member said, "[Person who used the service] is epileptic so we had training about that." Another staff member said, "We usually have staff training, we had training on medication recently. We have to go to the head office and get updates. Fire [safety] health and safety and all that. They send us a schedule of the training we need to do." Another staff member said, "The learning process is on-going training. We have update training which is good because it refreshes your mind." The training matrix showed that some people had not received all their mandatory refresher training within the past year but where this was the case they were booked to attend the training in the near future. Mandatory training courses included challenging behaviour, first aid, safeguarding adults and the safe administration of medicines.

The registered manager told us there had not been any new staff recruited in the past year and a half which meant there had not been any recent induction for new staff. However, the registered manager said staff induction would include shadowing experienced staff to learn how to support individuals and completing the Care Certificate. The Care Certificate is a training course for staff that are new to working in a care setting.

We found that team meetings were used as a training opportunity with different topics covered at each meeting. These included dignity and privacy, complaints, person centred care planning and health and safety. They involved the distribution of handouts about the topic and a discussion amongst the staff team during the meeting.

Staff told us and records confirmed that they had regular one to one supervision meetings with their manager. One staff member said of their supervision meetings, "If there is anything I want to talk about, or if [registered manager] thinks I am not doing anything right she will talk about that."

People told us they enjoyed the food at the service. One person said, "I like it, the food." Another person replied, "Yeah it is" when asked if the food was good at the service.

Where people were unable to express food preferences verbally the service had sought information from family members and people's food likes and dislikes were listed in care plans. Staff said through experience they had got to know people's favourite foods. One staff member said, "We have been working with them for years so we know what they like." The service also used visual aids to help people make choices about what they ate and drank. One staff member said, "We have pictures to help them choose their food" and we saw the food pictures on display in the kitchen.

Records were kept of food people were served and we saw this reflected their preferences as listed in their care plans and cultural and religious requirements. The registered manager told us that there were no issues with malnutrition at the time of our inspection.

Care plans included information about how to support people to maintain good health in a personalised

manner. For example, the care plan for one person stated, "I need support to maintain good mobility by having some exercise each day. Staff will take me out for a walk daily and support me to go to Zumba where I take part in dancing. Records confirmed that these activities took place.

Records showed that people had routine access to medical professionals including GP's, psychiatrists, dentists, cervical screening and opticians. One person said, "Yes they do [staff provide support with appointments]. I've been once or twice to the dentist."

Hospital passports were in place for people which provided information about them for hospital staff in the event that they needed to be admitted to hospital. This included information about people's medical history, medicines they were taking and communication needs. The information was personalised around the needs of the individual. For example, the hospital passport for one person stated, "If I get medication syrup is best for me. If I get tablets I find it hard to swallow and instead I chew it."

Health Action Plans were in place for people which set out how to support them with their health needs and to live a healthy lifestyle. On the first day of our inspection we found these were out of date and contained information that was no longer current. Health Action Plans were dated September 2013 with a review date set for February 2014. We discussed this with the registered manager and found that they had been reviewed and updated by the third day of our inspection.

Is the service caring?

Our findings

People told us that staff treated them in a kind and caring manner. One person said, "I like all of them [staff], they are kind." Another person told us they were supported to do things for themselves, saying, "I like washing and ironing." The same person said, "Yes they are" when asked if staff were friendly.

Staff told us they had worked with people for a long period of time and had got to know them and understand how to meet their needs and build good relations with them."

Staff had a good understanding of how to promote people's dignity, independence and privacy when supporting them with personal care. One staff member explained how they encouraged a person to manage their own personal care as much as possible, saying, "You have to prompt her, if you don't prompt her she won't do it. You tell her what to do, tell her to wash under her arms and she will do it. She can't sponge her back so we will support her with that." The same staff member told us, "When you want to give personal care you must lock the door to give privacy." Another staff member said, "People are different. There are two people here that don't need you to touch them at all. You can support them with personal care with just prompting." They added, "You need to give them dignity. You close the door and give them a towel to cover up [to promote people's privacy]." Another staff member said, "I close the door so no one else can see her. When she has a shower she comes out with a towel around her."

Care plans included information about how to promote people's independence. For example, one care plan stated, "[Person who used the service] can dry herself but needs prompts to put on deodorant. She can dress herself independently but needs support to choose appropriate clothing for the weather." Care plans also provided information about how to support people with their communication needs. One care plan stated, "It is important to remember that when [person that used the service] gets stressed or anxious that at these times only use short, clear sentences."

Two people showed us their bedrooms. These were homely and reflected the tastes of people. For example, they contained personal possessions including family photographs and religious iconography. People told us they liked their bedrooms. We found that bathroom doors had a lock fitted that included an emergency override device. This helped to promote people's privacy whilst keeping people safe at the same time.

The registered manager told us how the service met people's needs with regards to equality and diversity issues. Three people were supported to attend a place of worship. The menu showed people were supported to eat meals in line with their cultural and religious heritage. Care plans included information about films and music that people enjoyed that reflected their culture and people showed us their CD's and DVD's that were in line with information in care plans.

We mostly observed positive and caring interactions between people who used the service and staff. Staff treated people in a caring manner and people were at ease and relaxed in the company of staff. However, we observed one inappropriate comment from a member of staff. The staff member told us in front of the relevant person and another person that used the service that the person was unsteady on their feet

because of the medicine they were taking and the staff member told us what the medicine was. To promote people's dignity it is important that staff do not talk about sensitive information in front of people. In addition, we found one inappropriate term used in care plans. The care plan for one person that exhibited behaviours that challenged the service repeatedly used the term 'misbehaving' to describe their behaviour. We discussed these two issues with the registered manager who told us they would address the issues. We recommend that the service takes steps to ensure that people's dignity is promoted at all times.

Is the service responsive?

Our findings

People told us they were happy living at the service. One person said, "I like it here, I like the staff." People told us they were supported to be independent. One person said, "I do it [make a cup of tea for themselves]" and said they were able to get a drink when they wanted. People told us they were supported to take part in various activities. One person told us they went to an African-Caribbean day centre where they did, "Singing and dancing and eating dinner."

We found care plans were in place for people. These were of a good standard, providing personalised information about how to meet the needs of individual people. Plans had been drawn up with the involvement of people and their family members so they reflected what was important to them. The registered manager told us, "The family are always involved in their care and we always ask for their opinion." Care plans included information about people's likes and dislikes. For example, the care plan for one person stated, "[Person who used the service] likes clothes and jewellery shopping, choosing her own outfits." Care plans had been signed by people who used the service or their family members to indicate their involvement with them.

Staff told us they were kept up to date with any changes to people's care plans. One staff member said, "If there was a change to a care plan [registered manager] would let us know at the staff meeting. She tells us the changes then we go and read the updates." Another staff member told us they were expected to read all the care plans when they commenced working at the service. They said, "The first time I came here I was introduced to the residents. The manager gave me the files for each one and said to read them."

The registered manager told us that care plans were reviewed annually or more often if there was a need. This meant care plans were able to reflect people's needs as they changed over time. A monthly progress report was produced for each person to monitor what progress had been made in meeting goals set out in people's care plans. This helped to make care plans relevant documents to help staff meet people's assessed needs.

People had access to a wide variety of activities both within the house and the wider community. On the first day of our inspection all people using the service went to a local park to play football and have a picnic. One person told us they were looking forward to going to the park. On the second day of our inspection three people went bowling and one person attended a day centre. Care plans included information about people's preferred activities. For example, the care plan for one person stated, "[Person who used the service] likes to go for bus rides and to the cinema or pub or to go to the park and feed the ducks." Records showed other activities including attending various day centres, visiting cafes and shops, bowling, cinema and Zumba. One person had a voluntary job working in a local charity shop. This meant people were supported to access facilities and be involved in the local community.

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. A pictorial version of the complaints procedure had been produced to help make it more accessible

to people who were unable to read. People told us they could talk with staff if they had any concerns. The registered manager told us there had not been any complaints received within the past year.

Is the service well-led?

Our findings

Leadership and quality assurance within the service were not always effective. The registered manager was not aware of all their legal responsibilities. For example, they were not aware of their responsibility for obtaining Deprivation of Liberty Safeguard (DoLS) authorisations for people who were not allowed to leave the premises independently. They were also not aware of the need to carry out mental capacity assessments for people where there was a concern that the person may not have capacity, for example with managing their finances or medicines. In addition, the provider had failed to identify that no mental capacity assessments had been carried out or that no DoLS applications had been made for people. This meant the service did not have systems or processes that operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service.

Lack of effective leadership of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was some effective quality assurance and monitoring systems in place. The quality assurance manager for the provider visited the service monthly to carry out an inspection. This included an audit of care plans and risk assessments to make sure they were up to date and that they reflected the views and wishes of people who used the service. Reports from these inspections also showed they included checks of health and safety records and the physical environment.

Various health and safety checks were carried out including hot water temperatures, fire alarms, emergency lighting and fridge/freezer temperatures. Records of these checks were then checked by the registered manager to make sure they were been done effectively .

The registered manager told us the service carried out an annual survey of people who used the service, their relatives, staff and professionals they worked with. Records showed the most recent survey was carried out in April 2016. We saw some positive comments in the completed surveys. For example, one person wrote, "Staff listen to me." A relative wrote, "Much better now than in the past with the old manager." One relative had said that communication could be improved by the service. The registered manager told us they had addressed this by having more regular phone contact with family members and records showed this had been done.

People who used the service told us they liked the registered manager. One person described the registered manager as, "Nice" and another called them, "Friendly."

The service had a registered manager in place at the time of the inspection although they have subsequently ceased to work for the provider. Staff spoke positively about the registered manager and about the working atmosphere at the service. One staff member said, "A very good manager, she knows what she is doing, she knows the job. We work as a team here. She takes care of the residents very well." The same staff member added, "When there are problems she knows how to handle it. If there is a tension between staff she will bring them together and sort it out. She knows how to organise her staff." Another member of staff said of

the registered manager, "She is really very good. You can see how the clients and employees are all happy." Another staff member said, "I see [registered manager] as a very caring person, she cares for the people she looks after. She is a very helpful person. If you don't understand anything she will come and explain it nicely, like human being, she will not shout at you." The same staff member said of the staff team, "I think we have very good teamwork. If I have a problem I can call anyone who works here." Another staff member said, "If there is a serious issue you know you can speak to the manager."

People told us and records confirmed that the service held residents meetings. One person said of the meetings, "Staff go, we talk about the day centre." Records showed residents meetings were held monthly and included discussions about the importance of maintaining good personal hygiene, menus and activities.

Staff told us and records confirmed that the service held regular staff meetings. This meant staff had the opportunity to discuss relevant issues and provided the registered manager with an opportunity to communicate information to the staff team. One staff member said, "We normally have staff meetings every month. All the staff will sit down and we talk about the welfare of the unit, how to take care of the residents, their care needs." Another member of staff said, "The last staff meeting was on 28 June. We talked about medication, checking the [medicines] cabinet to ensure everything is correct, checking regularly to make sure you are giving the correct dosage." Another staff member said they had staff meetings, "At the end of every month. Everyone talks about what activities we are doing for them. We are reminded to do what they [people who used the service] like, not what we like." The minutes of the most recent staff meeting on 28 June 2016 showed discussions about holidays for people, activities, health and safety, record keeping and laundry.

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 Systems or processes were not established and operated effectively to assess, monitor and mitigate the risks related to the health, safety and welfare of service users. Regulation 17 (1) (2) (a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care was not provided with the consent of service users. Where people were unable to give consent because of lack of capacity to do so the provider had not acted in accordance with the Mental Capacity Act 2005. The provider managed finances and medicines on behalf of service users but had not carried out mental capacity assessments to determine if people had the capacity to do this. Regulation 11 (1) (2) (3)</p>

The enforcement action we took:

We issued a Warning Notice against the provider.