

Choice Support

Choice Support - 18 Varty Road

Inspection report

18 Vartry Road
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Date of inspection visit:
18 July 2018
24 July 2018

Date of publication:
10 September 2018

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection took place on 18 and 24 July 2018. This was a comprehensive inspection and was unannounced.

Choice Support – 18 Vartry Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides accommodation and care to four people who have a learning disability, some of whom also have an autistic spectrum condition and additional support needs including communication impairments. At the time of this inspection there were four people living in the home. People shared a lounge, kitchen and two bathrooms.

The home 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen."

Following our last comprehensive inspection of the home on 7 February 2017 we rated the home as 'Requires Improvement.' The provider had failed to ensure that actions identified during quality assurance checks of the home had been addressed in a timely manner. Food was not always stored in a safe and hygienic way.

During this inspection we found that the provider had acted to address the failures identified at our previous inspection. Food items were stored safely and in accordance with current food hygiene regulations and guidance. The provider had taken to address issues identified during their internal quality assurance monitoring of the home.

Regular quality assurance monitoring of the care and support provided at the home had taken place. We saw that weekly and monthly checks in relation to records and safety had been carried out by the registered manager and deputy manager. Monthly quality assurance visits from the provider's area manager had also taken place.

We found that actions identified during the quality assurance processes had, in most cases, been addressed promptly. However, we identified concerns in relation to the maintenance of the property which was owned

by a housing association responsible for redecoration and maintenance. The provider had liaised with the housing association during the past year to seek an outcome to their requests for essential works to be completed but this had not taken place. During our inspection we noted that the provider had sought support from a partnership organisation which was now taking on responsibility for outstanding improvement works. Although we saw that these had commenced we found that there remained the potential of risk to people until the works are completed.

People's risk assessments and care plans were person centred and included guidance for staff members on how to support people effectively and safely. We looked at the daily care records for people living at the home. We saw that these were completed in detail and information about specific care and support needs were recorded.

The home was meeting the requirements of the Mental Capacity Act 2005 (MCA). Assessments of people's capacity to make decisions had been carried out. People had up to date Deprivation of Liberties Safeguards (DoLS) authorisations and meetings had taken place to ensure that any actions or restrictions were in people's best interests.

Medicines were safely administered and recorded. Staff members had received training in medicines administration and annual competency checks had taken place. Regular medicines audits had taken place. However, we found that medicines were stored in a locked filing cabinet. Although the cabinet was contained in a locked office, The Royal Pharmaceutical Society's guidance on the management of medicines in care homes advises against the storage of medicines in filing cabinets.

The home had acted to reduce the risk of infection to people. The home environment was clean and free from clutter and we saw that staff members used disposable aprons and gloves for appropriate tasks.

People were protected from harm. Staff members had received training in safeguarding adults from abuse. They understood their roles and responsibilities in ensuring that any incidents or concerns were immediately reported.

People were supported to participate in a wide range of activities. During our inspection we saw that individual activities such as cooking and gardening were taking place. People also went out from the home to attend day centres, visit local parks and shops and go for a drive to visit relatives.

People were supported to maintain a healthy diet based on their individual preferences and cultural and health needs. We saw that they were supported to make choices in relation to food drinks and snacks. Although one person ate a limited diet, we saw that the home had liaised with health professionals and developed plans to encourage them to try other food items.

People living at the home were unable to communicate verbally. We saw that staff members engaged them in decision making and activities using words, signs and pictures that they understood.

Checks of staff members' suitability for the work they were undertaking had taken place prior to their employment. An on-going programme of training was provided to ensure that staff had the skills and knowledge to support people effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Aspects of the service were not safe. The home required redecoration and most of the flooring was worn and required replacement. Although redecoration works had commenced the flooring was yet to be replaced.

People's medicines were well managed. However, we recommended that a more suitable storage cabinet be put in place.

People had up to date and person-centred risk assessments which included guidance for staff on how to reduce and manage risk.

Staff members had received training in safeguarding and understood their roles and responsibilities in ensuring that people were safe.

Requires Improvement ●

Is the service effective?

The service was effective. Staff members had received training and supervision to support them in their roles.

The service was meeting the requirements of the Mental Capacity Act (2005).

A range of healthy foods was available to people and drinks and snacks were offered throughout the day. Where there was a concern about a person's dietary needs appropriate specialist support and guidance had been sought.

Good ●

Is the service caring?

The service was caring. Staff members were familiar with people's needs and care and support was designed to meet these.

Staff members understood people's communication needs and had developed positive ways to engage people and offer choices.

People were treated with dignity and respect. Staff knocked on people's doors before entering and personal care and medicines

Good ●

were provided in privacy.

Is the service responsive?

Good ●

The service was responsive. People's support plans were up to date and person centred and included guidance on meeting individual needs.

Daily records of care and support were well maintained.

The home had an accessible complaints procedure and a family member told us that they knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led. Although we found that the building required refurbishment we saw that continued efforts to seek action from the property owner had taken place, and the outstanding works were now in progress.

Regular quality assurance monitoring had taken place and actions to address any arising concerns had been taken.

People, family members and staff were positive about the management of the service.

Choice Support - 18 Varty 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 on 18 and 24 July 2018. Our visit on 18 July was unannounced. We needed to return to the home to complete the inspection and advised the registered manager when this was likely to take place. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some information about the service. What the service does well and the improvements they plan to make. We reviewed the PIR and other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We met the four people living at the home. Three people had significant communication impairments and were unable to communicate with us verbally. Another person could speak with us but chose to make this communication brief. During our inspection we observed staff engagement with people in the communal areas of the home.

As part of the inspection process we looked at four care records and checked four staff recruitment files. We checked stocks of medicines against medicine administration records (MAR) for two people and looked at documentation relating to the management of finances for two people. We also looked at records relating to accidents and incidents, training records for the team and quality assurance documents and policies related to the service.

We spoke with two care staff, the registered manager and deputy manager. Following the inspection we spoke with one health and social care professional and one person's relative.

Is the service safe?

Our findings

Due to people's communication needs they were not able to tell us if they felt safe, but staff knew people well and demonstrated that they were able to identify changes of behaviour that would indicate if they were not happy at the home. A family member told us, "[Relative] seems safe there."

At our previous inspection of the home on 7 February 2017 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Refrigerated food items were not always stored correctly or were out of date.

At this inspection we found that food was stored in accordance with current food safety regulations. Items which had been previously opened had a date label on the container. We saw that daily records of fridge and freezer temperatures were maintained and these showed that food was stored within recommended safe ranges.

During our previous inspection of the home on 7 February 2017 we also found that, although medicines were stored in a locked office, this was within a filing cabinet without a working lock. At this inspection we saw that medicines were now stored in a locked filing cabinet within a locked office. However, we drew the registered manager's attention to the fact that the current Royal Pharmaceutical Society's guidance on the handling of medicines in social care states that, "filing cabinets are not suitable for storing medicines."

We recommended that the provider sought guidance in relation to ensuring that an appropriate cabinet for storage of medicines was put in place. Following our inspection we spoke with the registered manager who informed us that they had asked the provider to address this as a matter of priority.

Medicines at the home were otherwise well managed. During our inspection we saw that people were given their medicines in privacy. Medicines administration records (MARs) were appropriately completed. An error in relation to medicines coding had been addressed and corrected immediately. Stocks of medicines tallied with MAR sheets for boxed medicines and we found the storage temperature for medicines was taken daily. Monthly medicines audits had taken place. Training records showed that all staff members working at the home had received training in the safe administration of medicines. Annual checks of staff competency in medicines administration had also taken place.

During our previous inspection of the home we found that some risks identified in people's support plans had led to the development of specific risk assessments. We recommended that all risk assessment documents were updated to confirm they reflected current risks and covered all the areas of risk identified in support plans.

At this inspection we found that people's risk assessments were up to date and reflected information about risk contained elsewhere in people's care and support records. The assessments that we viewed had been developed for a range of actual and potential risks, such as behaviour, health, mobility, personal care, medicines and community activities. Risk assessments were supported by management plans which

provided clear guidance for staff members on how to reduce and manage any risk. Some of the risk assessments included photographs. For example, medicines risk assessments contained photographs of staff members showing people the medicines that they were prescribed. The registered manager told us that staff used photographs to support people to understand risks and how they affected them as individuals. They said that staff would use the photographs to assist people when their risk assessments were reviewed.

During this inspection we looked at the safety and maintenance of the building. We found that, although the home was clean, there were several maintenance issues that required addressing. Decorations in the communal areas were shabby and flooring throughout most of the home required replacement. For example, the carpeting on the stairs was becoming threadbare and laminated flooring in the communal areas and hallway was worn and starting to show gaps which could lead to trip hazards to people. There were cracks in the paintwork in the first floor bathroom along with some mould on the window frames.

The property was owned by a housing association who was responsible of the maintenance of the home. We viewed records showing that the registered manager and other provider representatives had identified the concerns in relation to flooring and decoration as part of their quality assurance processes. The records showed that the provider had engaged with the housing association in meetings and through correspondence during the past year to seek action in ensuring that environmental improvements were made. The home's kitchen and bathrooms had been updated during 2017. However, one bathroom was already showing signs of wear and tear.

At the time of this inspection the provider had entered into a partnership with a housing and support provider and worked with them to seek action to address the need to improve the decorations and flooring at the home. During our inspection a decorator was on site who was in the process of painting people's bedrooms. A representative from the new partnership organisation visited on the first day of our inspection to assess the works that needed to be completed. They told the registered manager that the works would be completed as a matter of urgency and said that they would provide the home with flooring samples to enable people to make choices. Following our inspection, we spoke with the registered manager who told us that the flooring samples had been provided and they were awaiting a date for the outstanding work to be completed.

Although we found that the provider had acted to ensure that works to improve the environmental quality of the home, there remained the potential of risk to people until the improvements works were carried out.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a wheelchair lift to the entrance of the home which was used regularly by one person. Following our inspection the registered manager provided copies of records showing that this had been regularly maintained in accordance with The Lifting Operations and Lifting Equipment Regulations 1998.

We checked the staffing rota and saw that this corresponded with the staff who were on shift during our inspection. There were two staff members on duty in the day and evening, and a sleep-in staff member available to support people at night. We asked staff if they thought there were enough staff to support people with care and attending activities and they told us in their view there was. They said that the registered manager and deputy manager provided support where necessary. The deputy manager showed us rotas which indicated that additional staffing was provided for activities such as outings or appointments. A family member confirmed they felt there was enough staff.

The provider had ensured that staff recruited by the home were suitable for the work they were undertaking. Recruitment records showed that checks had taken place prior to appointment of new staff. These included two satisfactory references, evidence of eligibility to work in the UK and enhanced criminal records checks.

The service was clean throughout and we saw that staff members used disposable gloves and aprons and different chopping boards for preparing different foods to minimise the spread of infection. In addition to daily checks of food storage temperatures, weekly checks of hot water temperatures had taken place.

Staff members had received training in safeguarding of adults and were able to describe their roles and responsibilities in ensuring that people were safe and that any concerns were reported. A staff member said, "I would report concerns immediately and if I couldn't get hold of a manager I would contact social services or CQC."

The home managed people's monies and information about this was set out in their support plans and risk assessments. We looked at the arrangements for this and saw that receipts were kept and that monies looked after for people matched the balances contained within their income and expenditure records. The deputy manager checked the balance against receipts on a weekly basis and noted this in the records. They told us that this was essential in order to ensure that any risk of financial abuse to people was minimised.

Weekly safety checks of the service took place including tests of the fire alarm points. Fire equipment had been serviced in the last year. Regular fire drills had taken place. People had personal emergency evacuation plans in place with guidance for staff how best to support them out of the building. The provider maintained an up to date emergency plan which gave details of local locations where people could be taken in case of an evacuation. A 'grab and go' bag containing essential items was kept at the home in case of any emergency.

The home had an out of hours on call service to ensure that staff members could contact a manager at any time of day or night. The staff members we spoke with were aware of this. One staff member described how they had used it to seek guidance and told us that, "It was really helpful."

Is the service effective?

Our findings

People living at the home were unable to describe their experience of the skills and effectiveness of staff. However, a family member told us that they thought that the staff at the home had the skills and experience to support their relative.

We looked at the training provided to staff members and saw that all staff had undertaken training in core areas including safeguarding, fire safety, food safety, moving and handling, medicines administration and first aid. Annual competency checks of medicines administration had also taken place for all staff. Staff members had also received additional training in subjects such as epilepsy awareness, positive behaviour management, autism awareness and nutrition and well-being.

New staff members received a detailed induction which met the requirements of The Care Certificate. The Care Certificate provides a set of core induction standards for new staff members working in health and social care services. The provider also offered opportunities for staff members to undertake a qualification in health and social care. One staff member told us that she had completed a qualification and had valued the knowledge she had gained from this.

Staff members received supervisions every two months to ensure that they were able to discuss practices and improvements in relation to the support they provided to people. Annual performance appraisals had also taken place for staff. Spot checks of staff practice had also taken place on a regular basis. One staff member said, "The supervisions are really good, but I can also ask for a meeting with the manager or deputy at any time if I need support or advice."

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).

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 were being met. The registered manager had made referrals to the local authority with regards to deprivation of liberty safeguards (DoLS) for all the people living at the service. We saw that best interest decisions involving family members or other professionals had been made where people did not have capacity to consent, for example, in relation to management of their finances.

Staff understood the importance of gaining consent when providing care and support to people. They

recognised that people could not always verbally give consent, and described how they used pictures, objects of reference and signs to ensure that people had meaningful choices. They demonstrated that they understood how people indicated whether or not they were happy with a suggestion or request. During our inspection we observed staff members offering choices in ways that people understood. For example, a staff member placed different items of fruit and a yoghurt on a tray and invited a person to make a choice. Another person was asked if they wanted to go to the park and the staff member checked that they understood and were happy to do this activity. One person was able to communicate verbally and they told us, "I choose what I want to do."

People ate a range of foods and were offered choices at mealtimes. People's support plans provided guidance about people's food preferences and nutritional needs and staff members were knowledgeable about these. People were supported to be involved in meal preparation. We saw a person being supported to make a sandwich and drinks and to assist with the preparation of an evening meal.

One person living at the home ate a very restricted diet and the home had sought guidance from health professionals about this. Information for staff about trying to encourage the person to eat a wider range of foods was included in their support plan and risk assessment. Their daily support notes showed that staff members had recorded the choices and encouragement that had been offered to the person to eat a variety of foods. The registered manager told us that the person's health and weight was regularly monitored and that further health advice would be sought if there were any concerns. Another person ate a soft food diet. Staff members had received training in meeting the person's nutritional needs and guidance on this was displayed in the home's kitchen.

The provider allocated a personal food budget to people. Some of this was used for communal shopping with the remainder available for them to use for personal food items and meals when out and about in the community.

People's records showed that the home involved health and social care professionals to support people to maintain their health. People had Health Action Plans (HAPs) which described their individual health needs and how these were met. These were taken to health appointments and health professionals had recorded the outcomes of these in people's HAPs ensuring that there was an up to date record of any medical or other health interventions.

Is the service caring?

Our findings

Staff members supported and engaged with people in a considerate and respectful way. They were knowledgeable about people's communications needs and preferences. A family member said, "Staff are very good to [relative]. No worries about that."

Staff members communicated with people in ways that they understood. We observed staff members using a range of methods to engage with people such as words, pictures, signs and touch. They gave people time to respond and checked their understanding if necessary. People appeared comfortable with the staff members supporting them and approached them if they needed anything. We saw, for example, a person taking a staff member's hand and leading them to the kitchen when they wanted support to make a hot drink.

Staff members demonstrated that they understood people's preferences and knew what they meant when they demonstrated specific behaviours. For example, when one person showed signs of anxiety, a staff member gave them two items that they liked to engage with. We observed that they became calmer and smiled as they used these.

Throughout our inspection we saw that staff members offered people choices, for example in relation to activities and meals. Where a person was encouraged to participate in an activity and refused to do so, this decision was respected. Staff members chatted to people throughout the time we spent in the communal areas of the home. We observed that they were knowledgeable about people's preferences and interests and focused on these as a means of ensuring active engagement.

Staff members supported people with dignity and respect. We saw that staff members knocked on bedroom and bathroom doors and announced themselves before being encouraged to enter. Personal care and medicines were provided in privacy.

People were encouraged to participate in activities within the home such as meal preparation and domestic tasks. Where people were unwilling to do so their decision was respected.

The staff members we spoke with described the importance of ensuring that people were treated with privacy and dignity and that their choices were acknowledged and met. A staff member said, "As long as people are safe and happy that is our aim."

Staff supported people to maintain links with their family, and information about this was included in their support plans. During our inspection a person was supported to go for a drive to see family members who lived some distance away from the home.

People living at the home did not have any specific requirements in relation to their spiritual, cultural or relationship needs. We could see from training records that staff had undertaken training in equality and diversity issues. We asked the registered manager and deputy manager about their approach to supporting

such needs if a person required this. They advised that they would make every effort to ensure that sufficient support was made available to support people in any preferred cultural or other practice.

Is the service responsive?

Our findings

One person said of the staff, "They are OK. They listen." They went on to say, "I saw another lady [social worker] so I don't need to speak to you."

At our previous inspection of the home on 7 February 2017 we found that some people's support plans had not been updated since 2015. During this inspection we saw that people's support plans had all been updated within the past year and that regular reviews had taken place to ensure that they remained up to date. Support plans were clearly linked to information contained within people's risk assessments.

People's support plans were personalised and covered a range of needs such as personal care, health, community and social activities and communication. Detailed guidance was in place for staff members to enable them to provide support suitable for the individual. For example, the epilepsy plans for two people were clear about the signs that a seizure might be taking place and what to do if this happened. We saw that these plans met good practice guidance in relation to supporting a person with epilepsy. The support plan for a person who only ate limited food items contained information on encouraging the person to try other foods and monitoring their health in relation to their restricted diet.

Daily care and support records had been completed by staff members on a regular basis. We saw that these were well maintained and included important information about people's activities and behaviours. Monthly review forms were completed by key workers that outlined people's health and support activities and the activities they were engaging in.

For a person who had uncontrolled epilepsy we saw that records of seizures had been completed. These described the type and length of seizure, the recovery period and the actions taken by staff. We saw that the home had obtained an alarm for the person so that staff could be alerted if a seizure occurred when they were in their bedroom.

People living at the home were supported to participate in a wide range of activities. During our inspection we observed, for example, gardening and cooking activities and people being supported to use musical instruments such as a keyboard and drums. We also noted that people came and went from the home supported by staff. One person attended a day centre on two days a week. When they returned from the centre on the first day of our inspection they were supported by a staff member to go to the pub. During our inspection we also saw that people were supported to go to local parks, shopping and a drive to visit family members.

The activities record for people showed that other activities such as meals out, bowling and day trips had been organised and supported. We were shown photographs of a recent holiday where people living at the home had visited a holiday centre on the South Coast. During our inspection a staff member was on the telephone arranging a day trip to Clacton for two people.

When we asked about support in relation to activities supporting people's equality and diversity needs and

preferences we were told that no one had expressed any preferences. However, we noted that the provider organised London based sessions for people who identified as LGBT (lesbian, gay, bisexual and transgender) and those who may wish support and information in relation to general sexuality awareness needs. The deputy manager told us that staff had taken one person to a workshop on sexuality awareness. The staff team was also encouraging another person to attend a similar session but they had, to date, refused.

The weather was very hot at the time we inspected. We saw that people were encouraged to use sunscreen and wear hats when they left the home. Cold drinks were regularly provided to people throughout both days of our inspection.

The home had an easy read picture assisted complaints policy in place. There had been no complaints received in the last year at the service. A family member told us that they had no reason to complain but that they would contact the registered manager immediately if they had any concerns.

Is the service well-led?

Our findings

One person said, "The manager is alright." A family member told us, "It seems well managed. They talk to us if there is something we need to know."

At our previous inspection of the home on 7 February 2017 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Quality assurance monitoring undertaken by the provider had identified a number of issues which had not been addressed in a timely way. These included, for example, the cleaning of skirting boards, reviews of risk assessments, arrangements for paying staff expenses when supporting people in the community. We also found that support plans had not been kept up to date and that refrigerated food items were out of date despite daily checks.

During this inspection we found that the provider had taken action to address these concerns. The home was clean and food was correctly stored and labelled. Risk assessments and support plans were now up to date and regularly reviewed. Information in relation to staff expenses had been clarified and recorded.

At our previous inspection we also identified concerns about the maintenance of the home. The property is owned by a housing association who is responsible for the maintenance and decoration. However, at this inspection we found that, although the need for improvements to the internal decoration and flooring had been identified by the provider during their quality assurance processes, actions had not yet been completed to make such improvements. We were shown an audit trail of meeting minutes and correspondence which showed that the provider had regularly sought action from the housing association to make improvements.

At our current inspection we saw that, in the absence of any such action, that the provider had made arrangements with a partnership housing and support organisation to address the current maintenance and redecoration needs at the home. We could see that actions were now in place to make improvements to the environment and were likely to be completed in the weeks after our inspection.

The provider had systems to ensure that regular quality assurance monitoring of the support provided by the home had taken place. The registered manager and their deputy undertook monthly checks and audits of, for example, health and safety, records, medicines, people's finances and health and other appointments. The provider's area manager also undertook monthly unannounced visits to look at the quality of the home. Although general activities and records were reviewed the provider's visits also looked at actions in relation to compliance with the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, focusing on one regulation each month. Annual audits of records, medicines, finances and safety had also taken place. We looked at the actions arising from the monitoring of the home and saw that actions had taken place in an appropriate and timely manner, apart from the redecoration needs where the provider had tried to liaise with the housing provider to get this done.

The registered manager was supported by a deputy manager. We saw from the home's rotas and staff told us that they undertook shifts at the home on a regular basis covering for absences or at times when

additional support was required. The registered manager and deputy manager spent time with people and staff during our inspection. We saw they were familiar with people's needs and that people and staff members appeared comfortable with them.

Staff members told us that they felt well supported by the registered manager and deputy manager. One staff member said, "I never have any problems if I need support. They are very good." Another staff member told us, "The manager has been helping me to develop and I am feeling more confident in my job." Team meetings took place approximately every two months and staff told us they felt they could contribute their views at these meetings and in supervision. A staff member said, "Teamworking is excellent here. We know each other very well and we have good support." Another staff member said, "It's very much like a family and we can always rely on each other and the managers to get the best for our service users."

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 15 HSCA RA Regulations 2014 Premises and equipment The home required redecoration and the replacement of worn flooring.