

Avery Homes (Nelson) Limited

Merlin Court Care Home

Inspection report

The Common
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24 May 2019

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Ratings

Overall rating for this service	Requires Improvement	
Is the service safe?	Good	
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires Improvement	

Summary of findings

Overall summary

About the service: Merlin Court is a purpose-built residential home for older people, some of whom live with dementia. There are 62 bedrooms and various communal areas including a cinema, hair salon, lounges, café area and dining rooms. At the time of our inspection there were 50 people living at the home.

People's experience of using this service:

People were not always supported to have maximum choice and control over their lives, as it was not clear if staff supported them in the least restrictive way possible. The policies and systems in the service did not always support this practice.

People were not being supported by robust safeguarding systems. Not all incidents of alleged abuse had been reported to the local authority. The registered manager had also not submitted notifications to the Care Quality Commission (CQC) when required to do so.

Quality monitoring systems were in place but there were actions that appeared to be still open. We raised this with the registered manager and regional operations manager who told us they would go back over the audits and record the action taken to close the record.

People were supported to take their medicines as prescribed by staff who had been trained and were knowledgeable. Risks to people had been identified and risk management plans were in place to give staff guidance.

People were supported by staff who had been recruited safely. People told us, and we observed there were sufficient numbers of staff available to support them.

People received sufficient food which was of a good quality. People were not always supported to make choices of meal's effectively. The registered manager said they would address this practice.

People had their needs assessed and a care plan put in place. People's life story was explored, and information recorded to help staff understand people's needs and communicate more effectively. People could have visitors without any restrictions. We observed families and friends visiting throughout our inspection. An area was available where they could help themselves to refreshments.

People told us the staff and management were kind, caring and approachable. People were involved in planning their own care and had the opportunity to share their views. People were involved in a 'residents committee' which made decisions about things like food and activities.

People were supported and encouraged to take part in group activities but also supported to follow their own interests. Staff developed and maintained good relationships with the local community and encouraged groups to visit the home.

People, relatives and staff told us they thought the service was well-led.

More information is in the detailed findings below.

Rating at last inspection: At our last inspection in October 2016 (report published in October 2016) we rated the service as Good.

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: Action we told provider to take can be found at the end of the full report.

Follow up: We will ask the provider to submit an action plan outlining what action they are planning to take and when it will be completed by. We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection schedule. If any information of concern is received, we may inspect sooner.

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

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 safe

Details are in our Safe findings below

Good 

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 responsive

Details are in our Responsive findings below

Good 

Is the service well-led?

The service was not always well-led

Details are in our Well-led findings below

Requires Improvement 

Merlin Court Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Merlin Court is a care home. People in care homes receive accommodation and nursing or personal care as one single package. CQC regulates both the premises and the care provided, 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:

This inspection was carried out on 23 and 24 May 2019 and was unannounced.

What we did:

Before our inspection we looked at information we held about the service. This included notifications received from the provider which they are required to send us by law. Before the inspection the provider completed a Provider Information Return. This is a form that asked the provider to give key information about the service, what the service does well and improvements they plan to make.

During the inspection we talked with nine people, seven relatives, the registered manager, regional operations manager and eight members of staff. We looked at nine care plans, six recruitment files, monitoring records, medicines administration records and other records relating to the management of the

service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Following our site visit we contacted eight healthcare professionals. We also requested additional information from the registered manager which was provided.

Is the service safe?

Our findings

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

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who experienced distress had records in place to monitor and support their behaviour needs. We saw two historic safeguarding incidents recorded within these records and one incident from February 2019. Whilst the service had supported the people involved and sought help from healthcare professionals, the incidents had not been reported to the local authority safeguarding team. We asked the registered manager to do this following our inspection. We were provided with evidence this action had been taken.
- People and their relatives told us they felt the service was safe. Comments included, "I feel safe when others are around as I know I am not on my own", "I do feel safe here" and "People here are definitely safe, we observe interactions between people and staff which makes us feel people are safe."
- Staff were aware of the different types of abuse and how to report their concerns. All staff we spoke with were aware of how to report concerns outside of the service to other agencies.

Learning lessons when things go wrong

- Accidents and incidents had been reviewed and analysed. We saw the falls were analysed monthly so that any patterns or trends could be identified. Lessons learned for this key area were shared with staff.
- We observed part of a daily clinical handover where staff shared information on falls and accidents with the deputy manager. Staff discussed action that needed to be taken and how a further accident could be prevented.

Using medicines safely

- People had their medicines as prescribed and received regular reviews of their medicines by their GP. Protocols were in place for 'as required' medicines to give staff guidance on how to administer this type of medicine.
- Medicines were stored at safe temperatures and records kept. Safe systems were in place to receive, store, administer and dispose of medicines. Only trained staff were able to administer medicines. Staff had annual checks on their practice to make sure they remained competent.
- People had a medicines administration record which staff used to record medicines administered. To record applications of creams and lotions, the service used topical medicines administration records (TMAR).

Assessing risk, safety monitoring and management

- People who experienced distressed reactions did not always have sufficient guidance in their behaviour support plans or a plan in place. For one person we saw they at times hallucinated and could get angry with staff. There was no support plan in place to guide staff to know what action to take when this person experienced distress. We raised this with the registered manager who told us this person was new to the service, but they would ensure a support plan would be in place without delay. Following our inspection we

were provided with evidence that the required action had been carried out.

•People had their individual risks assessed for areas such as moving and handling, skin integrity and choking and measures were in place to reduce risks. Risk assessments were reviewed monthly and changes made if necessary. Where people were assessed as being of high risk in any area additional measures were taken such as sourcing equipment or guidance from professionals.

•Generic risk assessments were in place to ensure the environment was continually assessed and monitored. These were reviewed regularly. A local fire officer had visited the premises in July 2018 and raised some actions to improve fire safety. These actions had been carried out by the provider. Maintenance and service records demonstrated the environment and equipment was checked and serviced regularly.

•People had personal emergency evacuation plans in place to give staff guidance on what to do in emergency situations.

Staffing and recruitment

•People were being supported by staff who had safe recruitment checks in place. References had been obtained and any gaps in employment explored with the member of staff. Staff employment was subject to satisfactory disclosure and barring service (DBS) clearance. The DBS helps employers make safer recruitment decisions and to avoid unsuitable people working with vulnerable people.

•People were involved in the recruitment process. The registered manager told us they used different ways to involve people. We could not see a record of who had been involved and their feedback about the applicants. The registered manager told us they needed to record the process and would start to do this at the next round of interviews.

•People were supported by sufficient numbers of staff. During our inspection we saw there were staff available to respond to people when needed. People and their relatives told us they thought there was enough staff available. One person told us, "Staff are there when I need them."

Preventing and controlling infection

•People were living in a clean service with no odours. One relative told us, "The home is lovely and clean, it never smells." The service provided staff with personal protective equipment such as gloves and aprons. We observed staff used this equipment appropriately.

•Staff had received training in infection prevention and control and food hygiene. The local authority had inspected the kitchen in January 2018 and awarded it a '5' rating. This meant it had very good hygiene standards.

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found improvement was required.

- People had their capacity assessed where specific decisions were needing to be made. Where the service had assessed people as not having capacity to make decisions there was not always evidence of best interest decision meetings. This meant we could not always see who had been involved in the decision-making process and what other options were considered. The service could not always demonstrate that the least restrictive decision had been taken.
- This was a concern where people were subject to more restrictive practice such as having their medicines covertly or having a sensor mat in place. Whilst both practices can be used to support people, the service could not always demonstrate there had been discussions about less restrictive options for all the people we reviewed.
- Where DoLS authorisations were in place we checked if the service was meeting any identified conditions attached. We saw for two people there was concerns raised in reviews by professionals that the service was not meeting conditions of previous authorisations. Whilst the service had taken some action to meet conditions, our inspection prompted staff to take further action to meet a condition. We were supplied with evidence that all conditions had been met after our inspection. The Registered Manager agreed to ensure that records fully reflected this process in the future.
- DoLS information was recorded on staff handover sheets. However, this recorded all applications that had been made for DoLS not just those that had been granted. This meant staff were not clear about who had an authorisation in place.

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

- People told us they were happy with the food. One person said, "We do get choices and if I don't like what is on offer, I can always have something like an omelette." Another person said, "The food is good."
- People could eat their meal where they chose to. Staff were available to support people to eat, which they did in a dignified way. Staff sat down next to people to provide support and took time to encourage people to eat.
- On the first day of our inspection we saw that the service was providing an Indian meal option. Some people were not sure what the meals were. We observed staff trying to explain to people what the options were. This took some time for some people who had dementia. We discussed this with the registered manager and discussed how showing people the options would have been much more effective. They agreed and told us they would review methods used to support people to choose.

Staff support: induction, training, skills and experience

- People were being supported by staff who had been trained and supported by the service. Staff had an induction when they started working at Merlin Court, which included training, mentoring and shadowing more experienced staff.
- Once the induction had been completed staff received ongoing updates in areas such as moving and handling, dementia awareness and equality and diversity. Staff told us if they needed any training they just had to ask, and it would be provided.
- Staff told us they had regular supervision and felt well supported. There was opportunity for staff to develop their skills and knowledge in specific areas. For example, the provider's dementia lead had produced a new dementia care programme which aimed to develop staff's understanding of dementia. The new programme which the service had just started included additional staff training for all staff including management. The registered manager told us staff had just completed level one and were feeling motivated by the new initiative.

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

- People were assessed by the registered manager or the deputy manager prior to moving into the service. This assessment enabled the service to make sure they could meet people's needs before they moved in. People and their relatives had been involved in the process. One relative told us, "The pre-admission assessment was carried out very quickly and efficiently and the family were fully involved in the care plan."
- People's needs were continually assessed using evidenced based tools to make sure people's care and support was effective and safe.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals where needed. Staff worked with them to ensure people's health needs were effectively met. Guidance on meeting health needs was recorded in people's care and support plans. For some health needs more information was required. For example, for people who had diabetes we saw that there was not enough information to give staff clear guidance on what to do should the person become unwell. We discussed this with the registered manager who told us records were going to be updated with a new online system.
- We saw records demonstrated people were regularly seeing professionals such as a GP, community nurses and various therapists. One person told us, "I get my medicines regularly and staff will call the doctor if I need one."
- Staff attended handovers which enabled them to be updated daily on people's health and support needs. In addition, there was a head of department meeting daily where staff updated each other on topics such as events, incidents and changes to people's health.
- People and their relatives told us staff were knowledgeable about people's needs. One relative told us, "The home communicates well with us. When you arrive, staff know about the residents and can talk to you about

them."

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

- People lived in an environment that was well maintained and decorated to a high standard. The building was purpose built which meant the corridors and doorways were wide enough to move wheelchairs through easily.
- All rooms were en-suite with a basin, toilet and shower. There were also communal baths that people could use if they preferred. People's rooms were personalised. One relative told us, "The room was changed around at our request to make it homelier and so [relative] could have a better view out of the window."
- People living on the ground floor had doors out onto the garden and their own small outside space. Some people had personalised those areas. We observed people using the garden space during our inspection.
- There was Wi-Fi (wireless connectivity) fitted which enabled people and their relatives to connect to the internet or communication applications.

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

Good: 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

- People's needs were known by staff because life story work was a priority for the service. People's backgrounds had been explored and important information was recorded on a one-page profile. This helped staff to see at a glance who people were and what was important to them.
- People were supported to maintain relationships that were important to them. There was no restriction on visiting hours, people were able to have family and friends visit at any time. One person said, "I have quite a lot of visitors and they can come at any time, which is good as some work odd shifts."
- People's human rights were respected and protected by staff who celebrated diversity. The staff team were from all different cultures and backgrounds and worked together to learn about different cultures.
- People and their relatives told us staff were kind and caring. Comments included, "I can't praise the staff enough for all that they do and the patience they display", "Staff are so attentive and will always stop and talk to you even when they are busy", "The staff are excellent" and "I am clean and comfortable and happy as can be, the privacy is usually pretty good and the staff are kind."

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

- People were able to attend 'residents' meetings' and voice their views. Minutes were kept and showed that people made decisions about various areas of the service such as food and activities.
- People were supported to express their views and communicate in ways that were comfortable for them. We observed staff talking to people at their pace, taking time to make sure people understood what was being said. We observed staff made sure they were on the same level as people when communicating.
- People had a keyworker. The service used this system to give people an identified worker who would develop and maintain a close relationship with people. The registered manager told us this system supported people to have an identified member of staff to talk to and discuss their care and support.
- Information was available about local advocacy contacts if someone needed this service. An advocate is an independent person, who can support people to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their dignity was upheld. We observed staff engaging with people respectfully, knocking on people's doors before entering and closing doors if delivering personal care. Comments included, "Staff are very courteous knocking on doors before entering and addressing residents in the way they want" and "Staff call [relative] by her preferred name and always treat with dignity and respect."
- People were supported to maintain their independence by staff who encouraged people to maintain their skills. One person told us, "I go to town on my scooter on my own to shop." Another person told us, "I feel safe here and like it that the staff encourage my independence." One relative told us, "[Relative] has

improved their mobility since being here and now goes for daily walks to keep this up."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

•People had a personalised care plan which recorded all the care and support they needed. Care plans were reviewed regularly by unit managers. People's care and support plans included areas such as help needed with personal care, moving and handling, skin integrity and communication.

•Some care plans required additional detail to give staff guidance on supporting people's needs. We discussed this with the registered manager who told us the service was about to make a move to electronic care plans. Training had been booked and a plan in place to support this migration. The registered manager hoped that this move would further improve people's records.

•People were able to follow their interests and supported to enjoy social interactions with others. Activity staff were employed who took the lead of providing a range of activities and social events in the service and local community. One relative told us, "The activity co-ordinators are positive and encouraging with residents trying to get them involved and participate in activities." One activity worker told us, "We plan activities, but we can change them according to people's needs. We are always willing to try new things with different people."

•People and their relatives' comments about activities included, "The activities here are very good", "If it is someone's birthday they have a special day which is tailored in with what the family are doing" and "We have been to Weston on a river trip and we also go local sometimes to a café for coffee."

•During our inspection we were able to see a range of activities. We saw a local nursery visit. Some children from the local nursery regularly visited the service to spend time with people doing various activities. We were able to see the enjoyment people had from being around the children. We observed an external entertainer came and played the piano for people. This was another activity that people clearly enjoyed.

•People's individual requests were always considered by the team at Merlin court. Where possible the team aimed to provide experiences that were based on people's wishes. We saw pictures of events that had taken place to fulfil people's wishes. For example, one person wanted to have the opportunity to dress up for an occasion. The service organised a premier move night, people dressed up in evening gowns and dinner suits. People watched a film, followed by dancing.

•People's rights to spend their time alone was also respected. Some people enjoyed their own company and preferred not to take part in organised activity. One person told us, "I have bird feeders outside, lots of birds come to feed and I like to watch them while they eat." Another person told us they liked to sit in an area of the home overlooking the car park. They told us, "It allows me to keep an eye on things."

•People were able to take part in religious activities if they wished. An external clergy visited the home regularly to hold services and meet with people. National holidays and celebrations were identified so that people could mark the occasion.

Improving care quality in response to complaints or concerns

•Since our last inspection the service had not received any formal complaints. The provider had a

complaints policy which was readily available to people and families.

•People told us they knew how to complain and would do if they needed to. Comments included, "I haven't had a problem that needed raising but if I did I would talk to the manager or any member of staff for that matter, they are all approachable" and "I am aware of how to complain and the procedure but have never had to, things would never get that far without us doing something about it."

End of life care and support

•Nobody was receiving end of life care at the time of our inspection. The registered manager told us if people needed this type of care they would work with healthcare professionals to provide the right support.

•People had the opportunity to record their wishes in their care plan. The registered manager told us that some people did not want to discuss this need and that was respected. They did go on to say they hoped through the introduction of new care plans and more life story work people might change their mind and record wishes.

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

RI: At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- During our inspection we found that not all statutory notifications had been submitted to CQC in line with regulations. Three people had been granted a DoLS authorisation by the local authority. The service did not notify us of these authorisations. The provider submitted three notifications for these authorisations during our inspection.
- In people's records we saw three incidents that were potential safeguarding alerts. Two incidents were from 2018 and one incident happened in February 2019. These alerts had not been reported to the local authority or notified to us. We asked the registered manager to submit notifications for these incidents following our inspection.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

• Quality monitoring was completed to cover a range of areas. The provider had a schedule of audits which meant a different area was checked each month. Following an audit being completed if improvement was required an action plan was produced. Action plans had dates recorded of when the work needed to be completed by. There were many actions from previous months that still appeared open following audits. This meant it was not clear from the records if the required action had been taken, although the provider informed us that action plans were checked during subsequent audits. We raised this with the registered manager and regional operations manager who told us they would go back over the audits and record the action taken to close the record.

• We also saw some audits that had been completed by designated staff. They had recorded some inaccurate information within the audit record which we showed to the registered manager and regional operations manager. Action was taken to address the issue and we were able to see accurate information which addressed the concerns. The regional operations manager reassured us they would follow this up with staff completing audits.

• Whilst the provider had monitoring systems in place to regularly check and analyse data in areas such as falls and people's weights there was no overview of people's behavioural incidents. This meant the service was not effectively monitoring people's behaviour, making sure interventions were effective for the person. In addition, the management at the service were not reviewing and monitoring the use of anti-psychotic medicines effectively. Whilst this type of medicine can be used for people living with dementia it should be reviewed regularly by the person's GP. Staff reported on how many people were prescribed this type of medicine but there was no overview of why people were prescribed the medicine, when they had started taking it and when it was due for review.

- People were supported by a team of staff who were clear about their roles. There was a line management structure in place which staff understood. Staff told us they were confident in reporting to their line manager, and that action would be taken.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives told us they thought the service was well-led. Comments included, "I had a feeling the first time I arrived unannounced to look around which made me know this was the right place for [relative]" and "We have a very good relationship with the staff and the home, if I can't get in I can call and get an update. They will always call me if there is a concern." One person told us, "The manager and deputy will do anything for you, even get you a coffee."
- People were being supported by staff who enjoyed their work. All the staff we spoke with enjoyed working at Merlin Court. One member of staff told us, "I love working here, we have such a good team, everyone goes that extra mile for residents."
- People and their relatives were happy with the care received. Comments included, "I feel [relative] is safe and they are very happy, you can't ask for more really" and "The staff are so caring even the housekeeping staff."
- The service had an open and friendly culture. We observed people approaching staff easily when they needed help and staff responded clearly knowing people's needs. Visitors walked freely around and helped themselves to refreshments. We observed relatives were offered meals and the opportunity to sit with their family members to eat. The registered manager and deputy manager were based in the foyer. This meant they were visible and available to people and their relatives if needed. The registered manager told us they adopted an 'open door' approach which meant anyone at any time was free to approach them and be listened to.

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

- Feedback was gained from people, relatives, staff and visiting professionals using questionnaires. Results were collated by the provider and shared with everyone at the service. One relative told us, "I have had dealings with the manager and deputy and find them approachable. I haven't had to make a complaint, but I would be happy to do so knowing the staff would listen to me and try to resolve the issues."
- The service had started a 'residents committee' which represented people in decision making at the service. In the PIR the service told us the 'residents committee' was for people to be able to 'help to shape the future developments of the service'.
- Staff could attend team meetings which were held regularly. Views could be shared, and suggestions made on how to improve things. One member of staff told us they had suggested improving the garden areas and were now being supported to do this. They hoped to create a sensory garden for people to enjoy.
- The registered manager was passionate about raising awareness amongst people and staff about best practice in providing an inclusive service. The service had developed a cultural space for staff where they could go and pray and/or express themselves. Diversity was recognised amongst people and staff and celebrated with cultural events. Themed days were held where a specific country was identified as being the theme. Information about the country was shared, their culture was discussed, and national foods were prepared and tasted. One member of staff told us, "I enjoy working here partly because it is such a multi-cultural environment."
- The registered manager had produced awareness materials on supporting people and staff who were LGBT. They wanted to raise awareness of the difficulties some people might have faced expressing their identities and self. They told us they wanted staff at Merlin Court to be comfortable supporting people to discuss their concerns.
- The provider celebrated staff by holding annual care awards. People, relatives and staff could nominate

staff who they felt deserved an award.

- Suggestion boxes were available at the service so that people, relatives and staff could share their views and suggestions to make improvements.

Continuous learning and improving care

- People were supported by staff who were encouraged to gain work-based qualifications. All staff had the opportunity to further develop their skills by completing health and social care related diplomas and apprenticeships.
- The provider had launched a dementia 'Reconnect' programme. The registered manager told us it was hoped the introduction of this programme would help to improve the dementia care and support provided and enhance people's lives.

Working in partnership with others

- People were being supported by a service that aimed to establish and maintain many partnerships. The registered manager was pro-active in making contact with organisations such as local dementia services, local colleges and schools to join up and work together. This had benefited people and their relatives as regular groups were visiting the home. A nursery school was a regular visitor as was college students.
- The registered manager told us they had established links with support groups in the local area such as local LGBT groups, carers support groups and religious groups. They told us they wanted to invite the local community in as much as supporting people to access it outside of the service.
- People were supported to maintain health needs as staff worked to maintain good relationships with healthcare professionals.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify us of all events they are required to do by law.