Forward Care (Residential) Limited

Sunnyfields

Inspection report

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Ratings

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

Overall summary

The inspection was carried out on the 23 and 31 October 2014 and the first day was unannounced.

Sunnyfields is a small home which provides accommodation and support for up to four people with learning disabilities. Two people lived at the home on the day of our inspection. Both people had did not verbally communicate and were unable to tell us about their views and experiences of living at the home. Sunnyfields is required to have a registered manager.

Sunnyfields has not had a registered manager since March 2013. 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 and associated Regulations about how the service is run.

This was a breach of section 33 of the Health and Social Care Act 2008. The deputy manager spent most of their time providing care and support to people in the home, which meant that they had little time to carry out their management role.

Summary of findings

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 came into force on 1 April 2015. They replaced the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Actions that had been identified in audits had not always been dealt with in a timely manner. The fire risk assessment had been carried out in March 2014; however the actions were still outstanding.

People were protected from the risk of abuse. The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff knew how to safeguard the people they supported.

Individual risks to people's safety were identified and managed effectively. These included the risks associated with daily living as well as activities that people choose to take part in like ice skating. There were enough staff on each shift to make sure that people were protected from the risk of harm. Robust recruitment procedures were followed to make sure that only suitable staff were employed to work with people in the home. The home had some staffing vacancies, agency staff had been used to fill these.

Staff had the knowledge and training they needed to provide personalised care and support. People's health and care needs had been assessed. People were unable to tell us if they had been involved in this assessment. Relatives, staff and local authority care managers had been involved in assessing and reviewing people's care and support needs. A relative told us they were very happy with the way their family member was cared for.

Staff received the training, supervision and support they needed to enable them to carry out their roles effectively. This included induction for new staff, key mandatory training and additional training in people's specialist needs. This meant that staff understood and were able to meet people's needs.

The deputy manager and staff had training and the home had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards so they knew how to protect people's rights.

People were offered plenty to eat and drink and they had variety and choice. People's food likes and dislikes were recorded in their care files and these choices were respected and provided for.

People's health care needs were supported effectively through arrangements for them to see health professionals such as GPs, chiropodists, dentists, nurses and opticians as required. People had been supported to have seasonal flu vaccinations to help them keep well and healthy.

People were listened to, valued and treated with kindness and compassion in their day to day lives. There was a calm and relaxed atmosphere in the home. We saw that staff and the deputy manager knew people well. All the interactions we observed between staff, the deputy manager and people who lived in the home were respectful and warm. A relative told us, "I think the staff are kind and caring, they are friendly".

Staff knew what people needed help with and what they could do for themselves. They encouraged and supported people to remain as independent as possible.

People's individual assessments and care plans were reviewed and updated when people's needs changed to make sure they continued to receive the care and support they needed.

People were provided with the opportunity to choose from and take part in a wide range of activities. People participated in outings and activities outside of the home as well as inside. We saw photographs of people smiling whilst enjoying activities such as ice skating. Staff responded to people's requests to visit the local shop to purchase items.

A relative told us they knew who to talk to if they had any concerns. They told us that they would talk to the deputy manager and staff.

The home had an open and positive culture which focussed on people who used the service. The deputy manager had an open door policy so that people who lived in the home, staff and visitors could speak with them at any time. Staff told us they felt well supported by the deputy manager and they made themselves available for support at any time.

Summary of findings

Relatives had completed annual quality surveys in October 2014. The feedback received from relatives was positive. One relative had written “I am thankful to the staff for their care and support”.

Summary of findings

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.

Safeguarding procedures were robust and staff knew how to safeguard the people they supported from any kind of abuse.

Robust recruitment procedures were followed to make sure that only suitable staff were employed. There were enough staff employed to make sure that people were safe.

Good

Is the service effective?
The service was effective.

Staff were given the training, supervision and support they needed to make sure they had the knowledge and understanding to provide effective care and support.

Restrictions on people's freedom was lawful. Staff provided support to people to help them safely participate in activities.

People's health care needs were supported effectively.

People had plenty to eat and drink and they were supported to have foods they had chosen and liked.

Good

Is the service caring?
The home was caring.

People were listened to, valued, and treated with kindness in their day to day lives. They were involved in planning and making decisions about their care and treatment. There was a calm and relaxed atmosphere in the home.

People could be confident that information about them was treated confidentially. Staff were careful to protect people's privacy and dignity. Staff encouraged and supported people to do as much for themselves as they were able.

Good

Is the service responsive?
The home was responsive.

People's individual assessments and care plans were kept under review and updated as their needs changed to make sure they continued to receive the care and support they needed.

People were encouraged to express their views and these were taken into account in planning the service. There was a complaints procedure and relatives knew who to talk to if they had any concerns.

Good

Summary of findings

People were supported to take part in activities in the community as well as in the home. People were encouraged to gain and maintain their independence.

Is the service well-led?

Requires improvement

The home was not consistently well led.

There was no registered manager in post. The provider had not completed or returned the Provider Information return (PIR).

Audits undertaken by the provider and deputy manager had been undertaken but they had not always identified shortfalls and actions from the audits had not always been dealt with quickly.

There were effective quality assurance systems in place to gather views and feedback about the service.

There was an open and positive culture which focussed on people who used the service. The staffing and management structure ensured that staff knew who they were accountable to.

Sunnyfields

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 checked 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.

We last inspected Sunnyfields in October 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

The inspection took place on the 23 October 2014, it was unannounced. The inspector visited Sunnyfields again on the 31 October 2014 to finish looking at records. We announced our visit on the 31 October 2014 as Sunnyfields was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of an inspector and an Expert by Experience who had experience of using learning disability services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

Registered services are required to provide information to CQC about certain incidents/accidents, events and abuse, information is provided in the form of a notification. We reviewed previous inspection reports and notifications before the inspection.

We spent time with people who lived in the home. People were not able to verbally express their experiences of living in the home. We observed staff interactions with people and observed care and support in communal areas. We interviewed staff and the deputy manager and spoke with relatives.

We contacted health and social care professionals to obtain feedback about their experience of the service.

During our visit we looked at records in the home. These included people's personal records and care plans, a sample of the home's audits, risk assessments, surveys, four weeks of staff rotas, three staff recruitment records, meeting minutes, policies and procedures.

Good

Is the service safe?

Our findings

People were unable to verbally tell us about their experiences. We observed that people were relaxed around the staff and in their own home. People approached staff when it was time for them to take their medicines and staff supported them to do so in a discreet and safe way.

Relatives told us that staff kept their family members safe. For example, safe from injury when using the kitchen. One relative told us that their family member was safe as there was a key code lock on the front door, which prevented their family member from walking out on to the busy road at the front of the home.

We looked at the staff rotas for the four weeks before our inspection visit. These showed that two staff were always on duty during the day. At night there was one member of staff sleeping on the premises who was available should people require additional support. The rotas showed that there was an allocated on call staff member each day. The deputy manager told us that people engaged in activities outside of the home and the staffing levels enabled people to do this safely. We saw that the deputy manager was included in the staff rota to provide care and support four days per week.

Staff told us that they had completed safeguarding adults training. The staff training records showed that both staff and the deputy manager had completed training. Staff understood the various types of abuse to look out for to make sure people were protected. They knew who to report any concerns to and had access to the whistleblowing policy. A local authority care manager and commissioning officer had no concerns relating to safeguarding. Registered services are required to provide information to CQC about certain incidents/accidents, events and abuse, information is provided in the form of a notification. CQC had not received any notifications from Sunnyfields.

Staff supported people to make safe decisions whilst respecting the freedom to choose and take risks. One person asked staff if they could go to the local shop. The staff asked the person what they would like to buy and ensured that the person had enough money to purchase the item. They prompted the person to wear suitable clothing. The person returned to the lounge with their coat and shoes on. The staff then walked with the person to the local shop. We saw that the person returned with the chosen item and they appeared to be happy.

Each person's care plan contained individual risk assessments in which risks to people's safety were identified such as injuries from using a sewing machine, falls, crossing the road, carrying laundry and participating in ice skating activities. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessment. Records showed that where people's needs changed, the deputy manager completed appropriate risk assessments and changed how they supported people. The staff were following the guidance safety in practice and they knew how to protect people from risks.

There were systems in place to record, monitor and review any accidents and incidents to make sure that any causes were identified and action was taken to minimise the risk of reoccurrence. The accident records showed that the manager took appropriate and timely action to protect people and ensure that they received any necessary support or treatment. A local authority care manager told us that they were kept well informed about any incidents.

The service followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. The deputy manager told us that robust recruitment procedures were followed to make sure that only suitable staff were employed. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. Employer references were also checked. Staff confirmed that all these checks had been carried out before they started working in the home.

Medicines were kept securely locked away in a medicines cupboard, this was clean and well ordered. Medicines for disposal were kept separately from medicines in use. All medicines were in date and stored correctly. The temperature of the medicines storage cabinet had been monitored and recorded twice a day. We checked the medication administration records (MAR) charts. These had been completed appropriately; staff had initialled medicines when these had been administered.

The home had separate stock records for 'as and when needed medicines' (PRN medicines) for the management

Good

Is the service safe?

of epileptic seizures. Staff were required to take this medicine out with them when they supported a person in the community. The stock records showed that staff signed out the medicine and signed it back in again when they returned. We found some gaps in these records. The deputy manager had addressed these gaps and we saw that a message had been left reminding staff of the importance of accurate recording.

Clear PRN guidelines were in place which detailed why each person needed PRN medicines, when they needed them and what to do if the medicines were not effective. We observed staff administering medicines safely. Staff prompted people to swallow their tablets with a drink and medicines were administered as prescribed by the Doctor.

The premises were well maintained, clean and suitable for people's needs. Any repairs required were completed quickly. We found, that the sealant around the bath needed replacing as it was mouldy. When we returned the following week, the repair had been made. The down stairs toilet had broken the day before we visited. A request for a repair was made immediately. During our inspection a contractor fixed the toilet. Bedrooms had been decorated and furnished to people's own tastes. The deputy manager explained that people had chosen colours by looking at paint charts.

Fire extinguishers were maintained regularly. Fire alarm tests had been carried out, staff told us that these were done weekly and records confirmed this. Staff described to us how they would safely evacuate people from the home in the event of an emergency. Gas checks had been carried out by a qualified gas engineer.

Good

Is the service effective?

Our findings

People were unable to verbally describe their experiences. We observed that people had the freedom to move around the home and spend time alone in their rooms as well as in communal areas. People seemed relaxed.

During our observations, we saw that staff members had the skills and knowledge to communicate effectively with people. Staff were able to recognise changes to body language and expression when someone wanted to stop having a foot spa. People were asked for their permission before staff did anything. For example people were asked if they had finished or would they like anymore to drink.

Staff were given the training they needed to make sure they had the knowledge and understanding to provide effective care and support for people who lived in the home. All staff had received mandatory training in topics such as safeguarding, autism, food hygiene, first aid, health and safety, infection control and equality and diversity. In addition staff had also attended specialist training called NAPPI (Non-Abusive Psychological and Physical Intervention). NAPPI training is accredited training, with an emphasis on Positive Behaviour Support approaches. When staff started work at Sunnyfields they were provided with induction training. They were given an induction folder to work through which complied with Skills for Care. They completed these in their first three months. All staff had undertaken a National Vocational Qualification (NVQ) in health and social care.

The deputy manager told us that one staff member had been booked onto medicines training for a refresher course. The deputy manager had carried out a medicines assessment on the member of staff to ensure that they were competent to administer medicines. This meant that the deputy manager had checked that the staff member was still competent to administer medicines whilst they were waiting for the training.

Staff told us they had supervision sessions with their line manager regularly. They told us they felt free to talk with the deputy manager any time if they were concerned about anything. They said the deputy manager was, “Always available, very flexible and can’t praise her enough” and the deputy manager “Makes sure people’s needs are met”. This meant that staff felt well supported by their manager.

We viewed Deprivation of Liberty Safeguard (DoLS) records and found that the home had applied for a DoLS authorisation for one person who lived in the home. As part of this application, the local authority had been to visit the person at home. A best interests meeting had taken place with involvement of the person’s family member and the local authority had approved the application. The local authority had also made a number of recommendations to the home within the DoLS authorisation. This included ‘To ensure that capacity assessments are decision specific’. Staff worked with people to ensure that they were able to leave the home with support when they wished.

Staff had attended Mental Capacity Act training. They told us how they would involve other people when deciding if someone had capacity to make specific decisions and whether something was in a person’s best interests or not. They gave us examples of involving families when a person needed a flu vaccination.

People had enough to eat and drink. Drinks were readily available throughout the day and people were offered a choice of hot and cold drinks at regular intervals. Meals were home cooked, freshly prepared and well presented. People were not rushed in anyway at meal times. People had opportunities to eat out of the home if they chose including using cafés or restaurants. Records showed that people enjoyed takeaway meals occasionally.

Care plans and information showed pictures of food that people liked and disliked. This meant that although people were not able to communicate their choices verbally, staff knew each person’s food and drink preferences.

People’s nutritional needs were assessed and weights were recorded regularly to make sure that people were getting enough to eat and drink. Food eaten by each person had been recorded on the daily record sheets.

People were supported to manage their health care needs and their day to day health needs were met. People had seen their GP whenever they wanted or needed to. Records showed that people had attended a number of appointments at the medical practice for routine monitoring. People had been supported to have their annual flu vaccinations. Where advice had been given by social care professionals for the home to seek further support and guidance from community nurses, we saw that this had been acted on and requests had been made to the GP for a referral. Care plans contained information

Good

Is the service effective?

about people's health needs and medical conditions along with guidance for staff. People had regular appointments with other health professionals such as chiropodists, dentists and opticians.

Good

Is the service caring?

Our findings

People were unable to verbally tell us about their experiences. However, we observed that people were relaxed and their facial expressions indicated that they were happy. People were involved in activities and staff noticed changes to body language and facial expression when people wanted to stop doing an activity. Relatives told us, "I think the staff are kind and caring, they are friendly" and "I haven't seen any lack of patience, they know [their family member] so well".

A local authority care manager who we contacted after this inspection all told us "Interactions between staff and service users was observed to be positive and polite". A local authority commissioning officer told us that people who lived at Sunnyfields were supported to retain independence skills and fulfil their potential.

Staff spoke with people in a kind and respectful manner; staff understood what people wanted even if people were unable to tell staff verbally. For example, staff recognised that if people took them by the hand to the kitchen and opened the cupboard where cups were stored they understood that the person wanted a hot drink. Staff took the time to sit with people, listen to what they had to say and answer all their questions with patience and kindness.

People's care was planned and regularly reviewed and updated to make sure their needs were understood by staff. People had an individual care plan. Care plans detailed people's personal histories and preferences. For example, a care plan detailed the activities one person would like to do and detailed the food they liked and disliked. Care plans also detailed relatives and other people that were important to each person. Daily notes were completed for each person during each shift. Staff used these to record and monitor how people were from day to day and the care and treatment people received.

People were supported and encouraged to be as independent as possible. Care plans detailed what people needed assistance with and what people could do for themselves. For example, care plans showed that people were able to choose their own clothes. We observed that staff enabled people to make choices throughout the visit.

A relative told us they had been involved in planning how they wanted their family member's care to be delivered. They said they felt involved and had been consulted about their family member's likes and dislikes, and personal history. They said that the service communicated well with them. Care plans showed that people saw their relatives regularly; whether they lived near to the home or in another county.

Each person's personal records contained a document called 'What I want people to know about me'. This was completed with the person and their family and included information about their social history, significant relationships and interests. This meant that staff knew what was important to them and were able to take this into account in the way activities were organised.

Staff demonstrated respect for people's dignity. They were discreet in their conversations with one another and with people who were in communal areas of the home. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them. They gave people time to answer questions and respected their decisions.

Staff were careful to protect people's privacy and dignity, for example by making sure that doors were closed when personal care was given. Any treatments people needed were carried out in private. People were able to spend time in their rooms without being disturbed. We saw staff knock on people's doors before entering their rooms. People's information was treated confidentially. Personal records were stored securely.

Good

Is the service responsive?

Our findings

People were unable to verbally describe their experiences. We observed that people were able to communicate their views about what social activities they wanted to do, staff responded well to these views to ensure people got the support they wanted. One person said they wanted to go to the shops and staff supported them to do so.

A relative told us they had no complaints about the service. They said that they had raised concerns in the past and these had been dealt with by the deputy manager and resolved.

The complaints procedure told people how to make a complaint about the service and the timescales in which they could expect a response. There was also information and contact details for other organisations people could complain to if they are unhappy about the service. The complaints policy was not written in a way that people who lived in the home would understand.

People were relaxed enough to approach staff and the deputy manager and they could interpret their feelings because they knew them well. In this situation providing a symbol or picture complaints policy would not enable people to raise complaints so they relied on their family, friends and staff. We saw that people were comfortable with the management and staff in the home. We saw that people felt free to go into the manager's office for a chat during our visit.

We looked at care records for both people. Each person had an individual personalised care plan. These had been reviewed within the last three months. The deputy manager told us that these would be update more often if people's needs changes or they were unwell. Care plans were updated as people's needs or wishes concerning their care changed. Care plans reflected all aspects of people's health and personal care needs. Information was included about people's preferences about how their care was delivered. For example there was information about how people liked to spend their time, when they liked to get up and go to bed and if they preferred a bath or a shower. Both people had lived at the home for many years. Their needs were fully assessed with them and their relatives before they moved to the home to make sure that the home could meet their needs. A relative told us that they attended regular reviews. Staff said that they discussed how each person had been when they handed over to the next shift, highlighting any changes or concerns. This meant that staff had up to date information to enable them to respond to people's needs in the way people preferred.

The staff and the deputy manager took time to listen to people, answer their questions and provided reassurance when needed. For example, when a person was asking what activities they were going to do at the weekend they answered clearly and repeated the answer when asked again. This showed staff responded well to this person's need for repeated reassurances and clear description of their planned week ahead.

Each person had a communication passport. This is a document that describes how each person communicates. This was intended to help staff to communicate with people who were unable to express themselves verbally. Photographs had been included which showed how the person communicated that they were happy and sad. Staff used this when they communicated with people to interpret their mood and intentions and this helped them to respond well to people.

People were encouraged to participate in activities in the home and in the local community daily. An activities plan was displayed on the wall in the hallway. This showed that activities included visits to family, ice skating, visiting the zoo, bowling, cinema trips, gardening, and crab fishing. Daily records also showed that people had been out in the community to visit country parks, carry out personal shopping and do woodwork. An aroma therapist visited the home regularly to carry out treatments. A local authority commissioning officer said that people led very active lives and accessed their community daily.

Activities also included people completing household tasks. Staff knew each person well and were able to describe the kind of support people needed. Staff described how they involved people in day to day tasks such as cleaning and laundry. Care files contained photographs of people engaged in activities such as washing up, loading the washing machine, mopping the floor.

On the first day of our inspection one person spent time painting and took a trip to the local shops. The other person enjoyed a foot spa and also visited the local shops.

Good

Is the service responsive?

During our second visit both people went out to do some shopping and they planned to celebrate Halloween when they returned.

Requires improvement

Is the service well-led?

Our findings

People were unable to verbally tell us about their experiences. We observed that there was positive interaction between both people and staff. People were supported to have links with their local community and use facilities to participate in their chosen activity.

Sunnyfields did not have a registered manager which is a requirement of their registration. There was a deputy manager in post who received support from the registered manager of the provider's other home. A registered manager's application was not in progress. This was a breach of section 33 of the Health and Social Care Act 2008. We have asked the provider to make improvements.

We sent the provider a Provider Information Return (PIR) and asked for this to be completed within 28 days. We did not receive a completed PIR from the provider or reasonable excuse for not completing this. This meant we did not have up to date information about the home before the inspection.

The deputy manager spent most of their time working with people and staff therefore they knew people well. The deputy manager was not spending enough time managing the service. For example, paperwork had not been completed in a timely manner, we spoke with them about this and they told us that they didn't have enough time to complete their management tasks in the one day each week they were allocated to work in the office. On the second day of our inspection, the deputy manager's hours had been revised and they were allocated to work in the office two days per week.

The deputy manager had completed audits regularly. Some of these audits records did not show what had been checked. Weekly medicines and finance audits didn't detail what had been checked. The deputy manager told us that health and safety audits were only completed if and when required. They gave us examples of completing a health and safety audit when items had broken, such as when a window was broken. When we visited the home for the second day of inspection, the deputy manager had made changes to the medicines and finance audits to make it clear what had been checked. This showed that the deputy manager had not been proactive in checking the quality of the audits. They had been reactive to our inspection.

The deputy manager told us that the provider visited the home occasionally to carry out audits. They showed us that audits had been carried out at the beginning September 2014. The audit undertaken in September showed that 'more office hours 'for deputy manager had been logged. However, the deputy manager's hours had not been reviewed until we raised concerns. This showed that the provider had not been proactive in making changes. They had been reactive to our inspection.

Directors meeting notes from June 2014 showed that 'Outstanding fire risk assessments' had been discussed. The fire safety risk assessment was undertaken by a contractor in March 2014. We saw that a number of actions had been detailed in the risk assessment; these were due to be completed within four months, these did not pose an immediate risk of harm to people living at Sunnyfields. The deputy manager told us that these actions had not been completed. This meant that actions to ensure people's safety had not been addressed in a timely manner.

The failure to identify shortfalls or take action when they had been identified and to provide information we had requested was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our observations and discussions with staff, relatives and health and social care professionals, showed us that there was an open and positive culture which focussed on people who used the service. A relative told us the home enabled them to keep in touch with their family member through telephone calls and visits.

The provider had sent a quality assurance survey to relatives in October 2014. We saw the completed surveys from both sets of relatives. The survey feedback was all positive. One relative had commented "I am thankful to the staff for their care and support".

People were actively involved in developing the service in a variety of ways. Residents' meetings were used to gather people's views on all aspects of the service, with different topics on the agenda each month.

The office was located on the ground floor of the home where the deputy manager was based. There was an open

Requires improvement

Is the service well-led?

door policy for people, visitors and staff. Staff told us that the home provided a "Friendly, supportive, homely atmosphere"; the home is "Run as family unit" and "I like working here [the home]".

We spoke with staff about their roles they described these well and were clear about their responsibilities to the people who lived at Sunnyfields and to the management team. The staffing structure ensured that staff knew who they were accountable to. Each shift was led by a senior who was supported by the deputy manager. At times when the deputy manager was not on duty, staff knew they could call the deputy manager at any time for support. This showed that staff were well supported to carry out their roles.

Staff told us they felt free to raise any concerns and make suggestions at any time and knew they would be listened to. They gave us examples of the deputy manager providing them support both at work and in their personal lives.

We have not received any complaints about this service. Health and social care professionals who we contacted after this inspection all told us they were satisfied with all aspects of the service. One local authority commissioning officer said that they "Found the Manager to be open and approachable. We were confident she understood how to provide a responsive service. Interactions between staff and service users was observed to be positive and polite". A local authority care manager said that the deputy manager "Is always in contact with health and social care professionals if there is concern regarding change in needs of 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance How the regulation was not being met: Failure to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. Failure to provide information requested by the Care Quality Commission. 17 (1) (2) (a)(b) (3) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Section 33 HSCA Failure to comply with a condition The provider did not have a registered manager in place, which was a condition of their registration.