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# The Bungalow

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

The inspection took place on 13 April 2017 and was announced.

The Bungalow provides domiciliary care and support services to people with a learning disability living in their own home. The service has an office in the home where the people they support live, which shares a site with other services owned by the same provider. The service currently provides support to 7 people in Deal who share a house. There were staff at the service 24 hours a day, including a member of staff who stayed awake all night.

The service has a registered manager in place and they have been in this role since 2016. The registered manager had worked at the service for many years and knew people well. 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.

Risks to people were assessed and people were supported to take risks and try new things. However, staff would benefit from more detailed guidance about how to minimise risks to people. Staff could recognise the different types of abuse and knew who to report any concerns to, both within the organisation and externally.

Staff had some understanding of the Mental Capacity Act (MCA) and followed the principles on a day to day basis. However, people's ability to make a decision had not been assessed before decisions were made on their behalf. There was a risk decisions could be made for people who were in fact able to decide for themselves. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). For people who live in their own homes this is managed by the Court of Protection (COP). No applications had been made for people as none were needed.

Staff were recruited safely and people were involved in the interview process. Staff had induction training and were introduced to people by established staff before supporting them. Staff completed basic training; however further training was required to meet people's needs. Staff were in regular contact with the management team and had regular one to one meetings, but appraisals had not been completed. There were enough staff to meet people's needs and people told us they felt supported.

Medicines were managed safely and people were encouraged to be as involved as possible with their medicines. Protocols around the use of 'as and when needed' medicines needed improvement. Staff worked closely with local health and social care professionals to manage people's health and develop new opportunities for them. When people's needs changed advice was sought and followed to make sure the staff could still meet people's needs safely. However, staff would benefit from more detailed guidance about how to manage risks related to people's health.

People had good relationships with the staff who supported them. Staff knew people well and treated them with dignity and respect. People had some opportunities to express themselves and have a say about their care on a day to day basis but people were not involved planning their support or writing their care plan. People's care plans needed more detail about how they preferred to be supported. Some care plans contained derogatory language about people.

Some people attended local day services, went to college or completed voluntary work. People were supported to be part of their local community and follow their interests or hobbies. However, there were no personal goals recorded for people or plans to help people reach their goals.

People had support to eat healthily and planned their own menus. Some people were using communication tools, such as pictures to make choices, however, this was limited and the registered manager agreed this could be developed to include other areas for example, to help with menu planning.

No complaints had been received, the service had an accessible complaints procedure and people knew who to speak to if they had a complaint. People's confidentiality was respected and records were stored securely.

There was an open culture, people and staff could contact or visit the registered manager whenever they wanted to. The registered manager spent time with people regularly to check if they were happy with the service and they were accessible to people, professionals and staff. However, the registered manager did not have a plan to develop or maintain their management skills.

Views were sought from people, relatives and professionals and were acted on. Audits were completed but had not identified the issues found at this inspection.

The CQC had been informed of any important events that occurred at the service, in line with current legislation.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was  safe.

Risks to people were assessed and managed, some assessments needed more guidance for staff on how to mitigate the risks.

People were involved in managing their medicines as much as possible, this was done safely.

Staff understood different types of abuse and who to report any concerns to. People were encouraged to keep safe and discuss any worries.

There were enough staff and they were recruited safely.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

Staff did not have all the training required to meet people's needs. Staff did put into practice the training they had completed.

Staff followed the principles of the Mental Capacity Act on a day to day basis, but people's capacity to make certain decisions had not always been assessed.

Staff did not always have the guidance needed to manage risks relating to people's health. People were supported to access health care when needed.

People were supported to choose a balanced diet and cook their own food.

### Is the service caring?

**Requires Improvement**

The service was not always caring.

People had built positive and caring relationships with the staff who supported them.

People were supported to use some communication tools, but

this needed developing. People could access advocacy services when required.

People's privacy and dignity was supported and promoted on a day to day basis, but some of the language used to describe people was derogatory.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People's care plans needed more detail about how they preferred to be supported. People could be more involved in planning their care and support. Some of the language used in people's care plans was detrimental.

People took part in activities they enjoyed and were increasing their independence. However, there were no personal goals recorded for people or plans to help people reach their goals.

There was an accessible complaints procedure and people knew who to complain to.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Audits were completed but had not identified the issues found at this inspection.

People and staff told us that the registered manager was approachable and supportive. However, the registered manager did not have a plan to develop or maintain their skills.

People, staff, stakeholders and relatives are asked for their feedback which is acted on.

# The Bungalow

**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 13 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that someone would be there. We wanted to let people know when we were coming to give them the opportunity to meet and talk with us. The inspection was carried out by one inspector.

We did not ask the provider to complete a Provider Information Return (PIR), as we carried out this inspection earlier than expected. A PIR 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. We reviewed information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the provider is required to send us by law, such as a serious injury. We looked at previous inspection reports.

During the inspection we spoke with three people, the registered manager, deputy manager and one member of staff. We also received feedback from health and social care professionals who had worked with people who used the service. We visited people in their homes and observed staff supporting people.

We looked at documents including three care plans, medicines records, four staff files, risk assessments, audits, minutes of meetings for people and staff, training records and staff rotas.

This is the first inspection of this service since a change in provider in April 2016.

Requires Improvement

# Is the service safe?

## Our findings

One person told us "I trust the staff to help me keep safe." Another person said "There is always someone you can go to." People were relaxed with staff and told us they could talk to them about anything.

People were supported to try new things and to take risks, however this was not in a structured way so that people were fully involved. People were not always encouraged to be involved in assessing risks and planning how to minimise them. Staff did not always have the guidance needed to keep people safe. For example, one person had a history of falls; there was information about how to reduce the likelihood of falls but no guidance for staff to follow in the event of a fall. The person had recently moved to the service and had not had any falls since living there. Staff said they would call for help if the person fell, but did not state from whom.

Risks relating to people's health conditions were assessed but staff did not always have the guidance they needed to keep people safe. For example, some people were living with epilepsy, the risk assessment for one person, told staff to call for an ambulance if the seizure was 'abnormal', but there was no description of what a normal or abnormal seizure was. The person did not have regular seizures but there was a risk that they would not receive appropriate support if they did have a seizure.

Any accidents were recorded. The registered manager checked accident reports to look for any patterns. However, behavioural incidents were not reviewed or analysed to look for any similar themes. Without analysis the same support continued without any review or change.

There were contingency plans in place in case of emergencies and an emergency grab pack for people to take if they had to leave the service, which contained items like a torch and contact details of relevant people. However, people did not have personal evacuation plans (PEEPS) in place. PEEPS give details of the support people would need emotionally and physically to exit their home in the case of an emergency such as a fire.

Risks relating to people's care and support were not always adequately assessed or mitigated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a good understanding of keeping people safe from abuse or harm and could say what they would do if there were any concerns. When concerns were raised, the registered manager had spoken with the local safeguarding team. Staff had also sought advice from the local community learning disabilities team to make sure people had the right support. They had spent time with people discussing how to keep safe when using the internet and also when leaving their home.

When people went out on their own they knew how to call for help and how to keep safe. People could also call for support from the provider's other service if staff were out supporting other people.

People were supported to be as independent as possible with their money. If people could not manage

large amounts of money there was an arrangement for them to access smaller amounts through the week. There were systems and checks in place to keep people's money safe. When people's money was managed by someone else staff supported people to request extra money if they needed it. People were supported to pay their bills.

There were enough trained staff to cover all of the support hours and meet people's needs. Staffing was planned around people's needs and the activities they had planned to make sure they had support when they needed it. People could say when they wanted their support and would let the registered manager know if they wanted to change their times for one to one support.

Sickness and holidays were covered by the staff team and if needed the deputy manager and registered manager stepped in. Staff had access to information about each person so they knew the plans of the person they were supporting on that day.

People could have a say about which staff supported them, one person told us, "I can ask certain staff to take me places or support me."

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character. People met perspective staff when they came for interview and were asked for their opinions before staff were employed.

People were supported to have their medicines in a safe way, and were as involved as much as they wanted to be. Some people had been supported to try managing their own medicines, but had decided they preferred staff to manage them. One person said, "I could look after my own medicines but it worries me that I will get it wrong so I ask staff to do it." People were supported to do what they felt comfortable doing. For example, some people would remove their medicines from the packaging when prompted by staff. People's medicines were stored in a cabinet in their homes. Temperatures were taken and recorded to ensure medicines were stored at the right temperature. Some medicines do not work properly if stored at the wrong temperature.

Some people had medicines to take 'as and when required.' For one person there was no guidance in place about how they indicated they needed their pain relief medicines. They had recently had this changed from regular medicine to 'as required' and were taking it on a regular basis. They were unable to tell the staff about this so there was a risk they were having the medicine when they did not need it. The registered manager agreed to put guidance in place for 'as and when' required medicines.

If people chose to buy 'over the counter' medicines staff supported them to check that they did not affect their prescribed medicine. Regular audits of people's medicines were completed and staff's competency in administering medicines was checked by the registered manager.

Requires Improvement

# Is the service effective?

## Our findings

One person told us, "They do a really good job here helping me to decide what I want to do and how to do it." Staff told us, "We try to find ways for people to make their own choices, if they really can't understand the choices it's about meeting to decide what is in their best interest."

Staff completed induction training which included completing the care certificate which is a set of standards care staff can achieve. Staff also worked alongside experienced staff to get to know people and establish relationships with them before supporting them alone.

There was a training programme in place for all staff. After staff completed training their knowledge and competency was assessed during one to one meetings and through observations while supporting people by the registered manager and senior staff. Training included basic training such as safeguarding and fire awareness. Staff also completed training related to people's needs such as epilepsy awareness.

Staff did not have an understanding of person centred support or positive behaviour support. These subjects are important for staff to have an awareness of if they are supporting people with learning disabilities. Although staff said they felt confident supporting people with behaviours which can challenge, some records showed that staff had a lack of understanding. For example, incident forms had been completed when people were not showing behaviours which can challenge, but were upset or showing how they were feeling. For example, one person had returned to the service after a bad day and did not want to engage with staff, this was recorded as a behavioural incident with staff stating the person was being rude by ignoring people. Staff did not understand the difference between a behaviour which could challenge and people expressing themselves as tired or just wanting to be alone.

Staff told us they had worked with people living with learning disabilities for a number of years but although they had heard of person centred care and positive behaviour support they had not completed any training in these areas and were unsure what was involved. Staff showed a lack of understanding about best practice when supporting people who could show behaviour that was challenging. There was a risk people would not get the support they needed to manage their behaviours.

Staff had not completed any training related to supporting people to develop and work towards personal goals. Some staff had experience of supporting people to achieve goals and were using their experience to support some individuals to work towards their aspirations. However, this was not consistent for everyone and was not recorded in a formal way.

Staff had team meetings and regular one to one meetings with their supervisor to talk about any issues, and their own development. Staff had not had appraisals to plan their development and review their performance for the year. Appraisals would give staff an opportunity to identify any training needs or areas where they needed support.

Staff could contact the registered manager or deputy manager at any time for support through an on call

system. Staff said they felt supported by the registered manager.

Staff did not have all the training they required to meet people's needs and support them consistently. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People were given choices and staff communicated these in a way people understood. One person told us, "Staff always ask us what help we want." When people made joint decisions about communal areas in their home or joint activities, they were supported to bring their own ideas and discussed them as a group before making a choice.

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.

Staff understood the key requirements of MCA and how it impacted on the people they supported. Staff had completed MCA training and most put this into practice effectively, and ensured that people's human and legal rights were protected on a day to day basis. However, no formal capacity assessments had been completed for people to assess if they could make a specific decision. For example, having an annual flu vaccination. The first principle of the MCA is to assume people have capacity. Without capacity assessments there is a risk decisions were made for people who have the capacity to make them for themselves.

Some people lacked capacity so decisions needed to be made in their best interest. For example, one person needed some dental treatment and a meeting was held with people involved in their care to consider if it was in their best interests to undergo the treatment which they may find distressing.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people live in their own homes Deprivation of Liberty Safeguards (DoLS) must be applied for via the Court of Protection. No one on the service needed a DoLs application currently.

People had health care passports in place, which showed the support they would need if they attended hospital. The passports had been completed with people and were very detailed about how people would like to be supported. People's health needs were also recorded in their care plans, with some information about how they preferred to be supported. Some people needed support to attend health appointments and to understand any information given by health professionals' staff supported them to attend and discussed any outcomes with them. Staff made records of any consultations or decisions made so that everyone was aware of the outcomes. Some people were at risk from health conditions including epilepsy. The risks had been assessed but guidance for staff could be improved for example, one risk assessment instructed staff to take action if the seizure appeared 'abnormal' but did not describe what 'abnormal' meant.

People had access to yearly health checks, flu jabs and other health screening programmes. Staff explained what these appointments were for and people were able to choose to attend or not. Referrals were made to health professionals by staff when needed.

Staff contacted health professionals quickly if there was deterioration in people's mental or physical health. Staff worked with the local mental health team to monitor people and keep people safe. When people

attended day activities, staff communicated with the staff there, if appropriate to do so, about the person's health needs.

People planned their own menu and shopping list weekly. People were supported to have a balanced diet; they were given information about healthy eating and exercise. Some people used pictures to communicate but were these were not used to choose their menu; instead staff relied on knowledge of what people had previously enjoyed. The registered manager said they would begin taking pictures of the person's food, which they could use in future to select a menu.

Staff supported people if they wanted to lose weight. People were weighed, if they agreed, and if there was a concern about weight loss the person's GP was contacted.

Staff supported people to prepare and cook their meals. People asked staff to support them if they wanted to prepare food or drinks. Some people had completed courses with local colleges to increase their cooking skills, however details of what they had learned were not recorded in their care plans and there was no plan to continue this learning.  People did not have plans in place to develop skills in this area. One person told us, "It would be good to know how to cook more things."

Requires Improvement

# Is the service caring?

## Our findings

One person told us, "I like the staff, we can have a laugh and they get me." Staff told us, "I've worked with most people for a long time, we know each other well. It helps because you know how they prefer things" and "It's great here everyone looks out for each other, people have different needs but they get on so well and often think about each other. Even though people go off and do their own thing, sometimes they will bring home something from a trip for someone else because they knew they would like it."

People were not always treated with dignity or respect, some of the words used in care plans or behaviour reports could be interpreted as derogatory. For example, one person's care plan said they could be 'mean' when upset. Behaviour reports mentioned people being 'rude' and that their behaviour being 'unacceptable'. When we raised this with the registered manager they said, "Now I hear you say it out loud it sounds awful. I will talk to the staff and tell them they really need to think about what is behaviour and how they record things."

Staff usually worked with the same people so they got to know them well. People approached staff if they needed anything and were listened to. Staff introduced us to everyone and explained why we were in their homes.

Staff knew people well and talked about what people liked and what they had achieved. There was lots of laughing and smiling. People told us they had been on a holiday last year with a group of their friends and were looking forward to going again. One person had recently moved in and staff talked to them about what they would like to do for a holiday.

Some people had increased their skills since being supported by the service; they were now going out unsupported and doing their shopping online using their tablet computer. However, there were no personal goals identified and recorded for people or plans to work towards them in their care plans. People had a say about their day to day support and activities but they were not involved in putting this information in their care plans. In order for people to develop or learn new skills it is important that they receive the same level of support from all the staff that supports them. Having a written plan ensures everyone is aware of and can celebrate the progress made. It also means there is less risk of staff doing things for people which they could do for themselves.

People had access to advocates if they needed support to speak out. An advocate is someone who supports a person to make sure their views are heard and rights upheld. One person was working with an advocate who attended any reviews of their care and support and had made suggestions about outings the person may enjoy, which the staff had helped the person to try. This involved the person staying in a hotel overnight in another town. The person had an overnight stay at a local hotel to see how they managed, this went well and a trip is now being planned for the summer.

All seven people supported by the service lived in one house together. People were supported to keep in contact with family and friends. One person told us, "My friends can visit; I just let the other guys I live with

know they are coming. Sometimes a friend will come home with me from college and I just ask when we get here, people are usually fine with it." People were offered support and reassurance if they were having difficulties with relationships.

People had monthly house meetings to make decisions and talk about any issues. People planned social events such as BBQs and gave feedback about the service at these meetings. However, these meetings were led and recorded by staff and people had not been offered the opportunity to lead the meeting or be more involved. The registered manager agreed to talk to people about taking a lead in the meetings or taking the minutes.

Staff worked alongside people to support them with chores and activities. Staff gave people time and chatted to them about what they had been up to. One person asked staff to support them to do their nails and makeup before they went out. There was lots of laughing and staff told the person how great they looked once they had finished, the person smiled and rushed off to show other staff how they looked.

People chatted to staff about their family and friends, sharing photographs and future plans. Some people needed support to communicate their wishes. The local speech and language team had been offering support to some people, they told us, "The staff do take on board what we ask them to do. They are always enthusiastic." One person was in the process of putting together a communication passport with pictures of things they liked and activities they took part in. Staff encouraged them to use the passport throughout the day.

People's confidentiality was maintained, staff understood the need for this and records were stored securely. Information was given to people in a way they understood. Information was only shared if people agreed.

Requires Improvement

# Is the service responsive?

## Our findings

People said that the staff supported them to do what they wanted and to try new things. One person said "I have done really well at college and now staff are supporting me to try and find a job."

People's needs were assessed before they were supported by the service. The registered manager met with people at an agreed place, with support from their family or care manager if they chose to invite them. People shared a house so compatibility with others was considered. The person would be invited to meet the current housemates if possible.

The registered manager started a care plan using the information from the assessment. However, people's care plans did not give details of how people preferred to be supported and people were not actively encouraged to plan their own support. The registered manager said, "We do show people their care plans, but it isn't structured and they could be more involved." People's care plans were stored in an office in their home, they could have access to it if they wished by asking staff to look at it.

People's care plans did not include details of people's aspirations or goals. Without a record and a plan there was a risk that people would not have the right support to achieve their goals. There were no plans to help develop people's independence. For example, some people had told staff they would like to live on their own one day, there was no information about the steps the person would need to complete before this could happen or the support they would need to reach their goal.

Some people had developed new skills but this was due to them working with individual staff members rather than with the staff team as a whole. Changes in people's needs were not always recorded in their care plans and some care plans had contradictory information. For example, one person's care plan said they could stay at home unsupported for 30 minutes whilst another document said they could stay for one hour.

Staff talked to people about their plans both short and long term. One person was speaking to staff about the choice between doing another college course or getting a job. They told us, "I've done really well at college and am just waiting for my exam results. Then I can talk to staff and decide what I want to do." Another person was planning with staff what they wanted to do on their next 'at home' day.

Staff were proud of the people they supported and their achievements. One said, "I worked with one person to go to college and we have spent time revising for exams, they are doing so well. The next step is for them to find a job so that is our focus now." However, this information was not recorded in the person's care plan, there was a risk they would not receive consistent support from all staff.

When people showed behaviours which could challenge there was limited guidance for staff about how to support them. For example one person could become upset and would shout or slam doors, guidance for staff was to 'help them calm down'. There was no detail about what staff could do to help them to calm. Some people could struggle to manage relationships and friendships which could lead to them feeling upset or angry. Advice had been sought from the local community learning disability team but the

information given had not been recorded in people's care plans. Staff told us they would try and reassure a person if they were upset but they had limited understanding of what they could do to support people to reduce the chance of them becoming upset.

The provider and registered manager had not ensured that people's care plans reflected their preferences, included them in planning their care or detailed how they would reach their goals. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People had completed courses at local colleges, including catering qualifications and they told us they had enjoyed them. Others attended day services where they could do activities they enjoyed and develop new skills. People met with friends or partners at the day services, staff offered people support to maintain these relationships outside the day services if they wanted to.

Some people went out and about on their own, they would use a mobile phone to keep in touch and staff would chat to them about their plans and when they were due home. People took part in improving their home; one person was heard volunteering to stain their garden fences with staff help and helped choose a colour for the stain.

Some people had activity planners with pictures which they had in their homes. People planned individual activities with staff and also group activities with friends. One person found a film they wanted to see was on at a local cinema, they spoke to staff about planning a trip and invited their friends in the provider's other services. If people became anxious about fitting in everything they wanted to do, staff supported them to prioritise their activities and find ways to make things easier, such as shopping online rather than going to the supermarket.

People were given clear information about how to make a complaint. There was an easy to understand version of the complaints policy available. No complaints had been received since April 2016.

People were asked in monthly meetings if they had any issues and were given the opportunity to speak to the registered manager or deputy manager on a one to one basis. People's views were also sought via regular surveys that were sent to them by the provider.

Requires Improvement

# Is the service well-led?

## Our findings

One person told us "I like the manager, we've known each other a long time and I trust them." A staff member said, "I can always get hold of the on call and I can ask questions at any time."

The registered manager told us "The values and visions of the service are to support people to live how they want to and promote independence."

Staff told us they felt supported and involved in how the service supported people. Staff had regular meetings and told us that their ideas were listened to. Staff told us, "The best thing about the management team is they will roll their sleeves up and get involved. They never ask us to do anything they wouldn't and they know the people we support really well."

Staff and people had access to phone numbers of managers on call and could call at any time. The registered manager met with people on a regular basis to see how they were doing or just have a chat. The registered manager spent some of their time based in the office at the house where people lived, during this time they observed how staff interacted with people.

The registered manager did not have a plan to develop and maintain their own skills or keep up to date with good practice. They did not have a clear understanding of person centred planning or positive behaviour support. The registered manager did not currently attend local forums for registered managers or providers where they could hear about examples of good practice and share experiences. The registered manager said they would like to attend forums in the future and complete some additional training about person centred planning. They agreed this would be beneficial to them and the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This means we can check that appropriate action had been taken. No notifications had been received from the service as they were not needed, the registered manager said they knew they had to send in notifications but they were unsure of the expectations in relation to how quickly they should be sent. We recommend the registered manager checks the guidance about notifications.

Audits were carried out by the deputy manager and registered manager. The results of these and any actions taken or needed were included in a monthly report sent to the providers. The providers did not complete any audits of the service and relied upon the reports from the registered manager to ensure the quality of the care given.

Audits covered medication records and financial records. If any issues were uncovered they were addressed and fed back to the staff. However, people's care plans and risk assessments were not audited, which meant the registered manager could not be sure they showed people's full range of needs, were up to date and gave staff the guidance they needed. Other audits of the service had not highlighted the issues found at this inspection.

Accidents and incidents were reviewed and any learning from them was shared with the staff team and the provider. Changes were made to risk assessments, care plans and referrals to professionals were made or advice was sought if needed. However, behavioural incidents were not reviewed or analysed to look for any common themes or triggers, this could result in people getting inconsistent support with their behaviours.

The provider and registered manager had failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided and failed to maintain accurate and complete records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
People were asked for their feedback through house meetings and surveys. Surveys were in an accessible format and were primarily a tick box with opportunities for people to comment if they wished. The responses on the surveys were positive and no suggestions had been made by people about how the service could be improved.

The registered manager requested feedback from other people involved with the service such as health and social care professionals, relatives and staff. These were generally positive with comments such as, "The staff are very kind and caring." and "There is a lovely atmosphere, the staff clearly know their role."

Outcomes of surveys along with other news about the provider's services was shared with people and relatives through a quarterly newsletter. It also let people know about changes in staffing or upcoming events.

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 |
|---|---|
| Personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>The provider and registered manager had not ensured that people's care plans reflected their preferences, included them in planning their care or detailed how they would reach their goals. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Risks relating to people's care and support were not always adequately assessed or mitigated. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider and registered manager had failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided and failed to maintain accurate and complete records. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Staff did not have all the training they required to meet people's needs and support them consistently. |