MCCH

Samuel Close (1,2,3)

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

We undertook an unannounced inspection on 23 and 27 April 2018 of Samuel Close (1,2,3).

Samuel Close (1,2,3) is a 'care home'. People in care homes receive accommodation and nursing, or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Samuel Close (1,2,3) accommodates up to 17 adults with learning disabilities who require personal care across three separate homes, each of which have separate adapted facilities. At the time of the inspection, 15 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

During this inspection, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not receive person centred care and were not being engaged with meaningful activities. Staff tended to be more task focused and we observed instances where staff were not caring and did not treat people with respect.

People were supported to maintain a balanced diet. However, people did not experience an enjoyable and sociable experience during their mealtimes.

The homes were clean and tidy. However, the decor was not suitable for people with learning disabilities and sensory needs. We made a recommendation that the service seek advice and guidance from a reputable source about adjustments required to meet the needs of people using the service.

The system in place to manage people's finances was not robust as there was a lack of external auditing conducted to ensure people were not at risk of financial abuse.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, and specific to each person and their needs. Care plans were regularly reviewed and were updated when people's needs changed. Systems and processes were in place to help protect people from the risk of harm. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risks to people were identified and managed so that people were safe.

Systems were in place to make sure people received their medicines safely.

Staff had been carefully recruited and provided with induction and training to enable them to support

people effectively. They had the necessary support, supervision and appraisals from the management team.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act 2005 (MCA). Best interests decisions were made where people lacked capacity to make specific decisions for themselves, in line with the MCA. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported with their nutritional and hydration needs. Staff were aware of people's dietary requirements and the support they needed with their food and drink.

Procedures were in place for receiving, handling and responding to comments and complaints. We saw evidence that complaints had been dealt with appropriately and in a timely manner.

Staff told us that they received up to date information about the service and had an opportunity to share good practice and any concerns they had at team meetings. Staff spoke positively about working for the service.

The quality of the service was monitored and regular audits had been carried out by management. There were systems in place to make necessary improvements when needed.

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

Aspects of the service were not safe.

The system in place to ensure people's finances were managed safely was not robust.

Relatives we spoke with told us they were confident that their family members were safe.

Risks to people were identified and managed so that people were safe.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service so only suitable staff were employed to provide people with care and support.

Is the service effective?

Requires Improvement

Aspects of the service were not effective.

The décor of the homes were not appropriate to people's needs.

People were supported to maintain a balanced diet. However people did not experience an enjoyable and sociable experience during their mealtimes.

Staff had completed relevant training to enable them to care for people effectively.

There were arrangements in place to obtain consent from people. Staff acted in accordance with the Mental Capacity Act 2005 (MCA) where people lacked capacity to make decisions for themselves.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Requires Improvement

Aspects of the service were not caring.

There were instances where people were not treated with respect.

Review of people's care had been conducted with people using the service and relatives.

Is the service responsive?

Requires Improvement

Aspects of the service were not responsive.

People using the service were not receiving person centred care and were not engaged in meaningful activities.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Requires Improvement

Aspects of the service were not well-led.

The quality of the service was monitored. There were systems in place to make necessary improvements. However, we found improvement with some aspects of the service were needed. These had been identified by the provider and action was being taken to address them.

Relatives told us that management were approachable.

Staff were supported by management and told us they felt able to have open and transparent discussions about the service with them.

Samuel Close (1,2,3)

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 provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 27 April 2018 and was unannounced. The inspection team consisted of one inspector 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.

Before we visited the service, we checked the information we held about the service and the service provider, including notifications and incidents affecting the safety and well-being of people. A notification is information about important events that the provider is required to send us by law. The provider also completed a Provider Information Return (PIR). The 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.

There were 15 people using the service. All the people had learning disabilities and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people.

We spoke with three people using the service and five relatives. We also spoke with five staff members, the registered manager and senior operations manager. We reviewed five people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Relatives of people using the service told us they felt their family member was safe in the home and they had no concerns about people's safety. A relative told us, "Yes [person] is safe. I don't worry about them. I know [person] is fine and they are caring for them."

Care plans detailed the level of capacity people had in relation to their finances and the level of support they would need from staff with managing their monies. However, the system in place to manage people's finances was not robust enough to ensure people were not at risk of financial abuse.

People using the service needed to be supported with their finances as they did not have the capacity to do so themselves. For the majority of people, the provider was the corporate appointee for their finances. Records showed there were records of financial transactions which were signed off by two members of staff. Records also showed the registered manager conducted some checks and signed off the balances to evidence they were correct.

However, there was a lack of external auditing conducted to ensure people's finances were being managed safely and appropriately. This had also been identified in an audit conducted by the provider which showed that people's expenditure had not been reconciled against people's bank statements.

The registered manager told us they would review their system and liaise with the local authorities' finances protection team to ensure a more robust audit system was in place to ensure people's finances were managed safely.

There were safeguarding and whistleblowing procedures in place. Training records confirmed that staff had received safeguarding training. When speaking with staff they were aware of how they would recognise abuse and what they would do to ensure people who used the service were safe. One staff member told us, "I will report it, document it or will whistleblow." Another staff member said, "We need to protect them from harm or abuse of any sort. Any marks, scratches or redness, we record it, report it to the manager and I know I can whistleblow."

Risks to people were identified and managed safely. People had comprehensive risk assessments in place covering various areas of their care and specific health needs including personal care, incontinence, eating and drinking, mobility, pressure sores, medicines, epilepsy and finances. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for staff on how to support people safely. During the inspection, we observed people were supported with their mobility by using equipment which included wheelchairs, walking frames, bed rails, bath/shower equipment and bath hoists. People's care plans detailed the risks associated with using such equipment and the support needed from staff to ensure people were kept safe from serious injury.

A relative told us, "[Person] is always in a wheelchair and in all the time [person] has been here, they have never had a pressure sore. They [staff] are excellent and very careful when they move [person]."

There were risk assessments in place for people who may present behaviours which challenged. The assessments showed the home used proactive strategies to manage these behaviours and triggers to behaviours had been identified to ensure people received the appropriate support from staff. For example, one person had a support plan in place which included advice from a positive behaviour support consultant. The care plan provided guidance to staff on how to support them appropriately and safely in order to reduce any potential risk to themselves and others.

There were adequate numbers of staff on the day of the inspection to provide people with the care and support they needed. The atmosphere was calm in the home and staff were not rushed when supporting people. We saw that people were comfortable around staff. The registered manager told us there was flexibility in staffing levels so that they could deploy staff where they were needed for attending appointments and activities. The home had permanent staff but used a number of agency staff. The registered manager told us the same agency staff were used when needed to ensure consistency with people's care. However, the registered manager told us that they were in the process of recruiting more permanent staff and very shortly after the inspection, the registered manager informed us about two permanent members of staff joining in May.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by unsuitable staff. Appropriate background checks had been completed on staff prior to employment which included checks on their employment histories, proof of identify and right to work in the UK. Two satisfactory references were obtained and enhanced criminal record checks had been undertaken to ensure staff were of good character.

Medicines were managed safely. Staff received training and their competency was assessed to ensure they administered medicines safely. Medicines records were fully completed which indicated people received their medicines at the prescribed time. Medicines were stored appropriately and there were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines.

Accidents and incidents were recorded. Records showed any necessary action had been taken and lessons learnt to minimise the risk of reoccurrence and ensure people were safe from further incidents. Systems were in place to monitor the safety of the service. Records showed all necessary checks such as gas checks, water hygiene and temperature, fire checks and electrical checks were carried out and maintained. People had personal emergency and evacuation plans (PEEP) in place in case of fire which clearly detailed the support people would need to keep them safe.

The provider had a policy on infection control and measures were in place for infection prevention. Control of Substances Hazardous to Health [COSHH] products were safely. Staff were aware of infection control measures and wore personal protective clothing (PPE) when needed.

Requires Improvement

Is the service effective?

Our findings

People were supported with their nutritional and hydration needs. There was detailed information about people's nutritional needs in their care plans. Records showed advice from healthcare professionals such as the speech and language therapist (SALT) had been sought for people who experienced swallowing difficulties. Guidance was in place for staff to follow to ensure people ate the appropriate foods and were not at risk of choking. We observed this being followed by staff at lunchtime. The kitchen and dining areas were fully accessible to people and drinks and snacks were always available throughout the day. However, staff did not always consider people's preferences or assist them in a way that made mealtimes a sociable experience managed in a way that treated them with dignity and respect.

During the inspection, we observed people having their lunch in each of the homes. Some people ate together in the dining area or lounge areas however, we found there was a lack of interaction from staff. Staff tended to be more task focused and did not sit and interact with people to ensure lunchtime was an enjoyable and sociable experience.

For example, one person came into the kitchen and watched staff preparing lunch but staff did not encourage them to get involved. We observed people were kept waiting in the dining room for their food which was served in the kitchen and kept there for over 10 minutes. People were able to see their food had been served but staff did not explain to people what was happening and why the food was not being served. People were left just staring at the food through the window. We asked the staff member why they were delaying serving the food and she told us it was too hot. However, they had not communicated this with people. We told the staff member that people were getting anxious and that the food should be served which they did.

People were not offered a choice by staff of what they would like to eat or any explanations as to what was available for lunch that day. Food that was prepared was just placed in front of people. There were pictorial menus displayed on the walls but they were too high for people in wheelchairs to see and did not reflect was being served. For example, the menu in one house on the first day of the inspection showed Ravioli for lunch but people were given soup. On the second day of the inspection, the menu showed sausage casserole but people were served chicken dippers and spaghetti. Staff had not communicated with people about the changes in their lunchtime meals.

Some people were supported by staff with their lunch. However, there were instances in which people were not being supported effectively. For example, in one house, three people were having lunch in the dining area, staff did not sit with them and would speak from the kitchen area telling them to slow down and not rush. One person we observed being supported by a member of staff. The staff member placed a blue apron on the person without saying what they were doing. They put the bottom of the apron on the table and put the bowl on top of it. The staff member then started feeding the person even though they were making attempts to feed themselves. The staff member then got a hand towel and wiped the person's mouth without speaking to them or saying what they were doing.

The above issues were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the issues around mealtimes with the registered manager who said he would review lunchtime arrangements and told us the menus would be updated to accurately reflect what was being served each day.

We observed some adjustments had been made in the homes in response to people's specific needs. Mobility aids, profiling beds and bath and shower equipment were available to assist when providing people with personal care. Doorways and hallways were wide for easy movement and easy access to other parts of the homes.

However, the appearance of the homes was dated. The homes were mostly painted beige with limited light in some areas. The people using the service had profound autism and learning disabilities, some of whom also had mobility needs. However, there was no signage around the building and no names, pictures or numbers on people's doors to enable people to navigate and be familiar with their surrounding environments. There were some TV cables hanging down from the TVs. Although this was not a significant risk, we informed the registered manager of this who told us he would inform the maintenance person and have the cables attached to the wall and not left hanging down. In one of the homes, the ramp into the garden was quite steep which made it difficult for people to move freely in and out of the house. Paving slabs were uneven in the garden area. There were no raised beds which meant people in wheelchairs could not benefit in any meaningful from gardening activities.

Relatives also told us improvement was needed with regards to the décor. They told us "[Person's] room is a bit drab and could be brightened up a little" and "They had changed the home a little bit but there are areas where it could be brighter. I think they [people] could be in the garden more. I never see them in the garden."

We discussed this with the registered manager who told us they were in discussion with the local authority about a possible restructure of the homes. The issue of the décor had been identified as part of the provider audit checks and the registered manager told us he would address areas such signage and décor in the homes to make improvements.

We recommend that the service seek advice and guidance from a reputable source about changes to the environment required to meet the needs of people using the service.

Staff spoke positively about working at the service. They told us, "Its good working here,", "I like working here as there is good teamwork," and "I have really grown to love the place and the team. I enjoy working with people."

Records showed care workers received on-going training to ensure that they developed and maintained their skills and knowledge. Topics included infection control, safeguarding, emergency first aid, manual handling, fire safety, food hygiene and health and safety. The service had implemented the Care Certificate which staff had completed as part of their induction process. The Care Certificate is the benchmark that has been set for the induction standard for people working in care.

Staff spoke very positively about the training they received. They told us, "They provide you with good training. They train you enough to do your job", "MCCH have regular training for all staff. I really love that there is a variety of courses. You can speak with your line manager and it's arranged for you. The training aspect is very good," and "I am loving it here. The level of training acquired here is great. They give us

classroom training and e-learning. They do provide it for us."

Staff received supervision and appraisal to review and monitor their performance. Staff told us, "We have appraisals but can speak with the manager anytime. They ask about how you are doing and if there is anything we want to do such as different areas to work in and training opportunities", "The supervisions are about you. They are about your views and if there is anything we need or any issues we experience. It's really good" and "You get feedback and they tell us what they expect from us."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We reviewed whether the service was working within the principles of the MCA. We noted that care plans contained information about the person's mental state and cognition. In areas in which people had been assessed as lacking capacity to make decisions, records showed relatives (where appropriate) and healthcare professionals were involved to ensure decisions were made people's best interests.

Records showed staff had received MCA training. Staff were aware of the importance of obtaining people's consent regarding their care, support and treatment and if people needed support with decisions, then family and relevant healthcare professionals would need to be involved.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed the registered manager had applied for DoLS authorisations. We saw the relevant processes had been followed and standard authorisations were in place for people using the service as it was recognised that there were areas of the person's care in which the person's liberties were being deprived.

People's needs were assessed by the registered manager with their participation and when applicable with their relatives in order to ensure the service would be able to support them safely and effectively. Ongoing reviews and assessments were undertaken if people's needs changed, in order to ensure the appropriate support was provided.

People were supported to maintain good health. People's health and medical needs were assessed and records demonstrated they were supported to access health and medical services when necessary. Health Passports were also in place which showed detailed information about people's healthcare needs, medicines, allergies, likes and dislikes and areas they needed support. This ensured people received the appropriate support and least disruption to their care if and when they needed to be admitted to hospital.

The service worked with other healthcare organisations and professionals to deliver effective care, support and treatment. For example, for one person using the service, advice was sought from a moving and handling specialist and the community learning disabilities team to ensure the person had the appropriate pressure reliving equipment in place for them.

Requires Improvement

Is the service caring?

Our findings

Relatives spoke positively about the way people were looked after. They told us "[Person] seems content. [Person] is being looked after and they are doing the best they can". "I am more than happy with the care they do", "This is the best place [person] has been. They do try their best. [Person] is far more stable here" and "They genuinely care."

However during the inspection, we observed instances where staff were not caring and people were not treated with respect. For example, one staff member went up to a person and said, "You are going out," before attempting to put a jumper over the person's head. The person became agitated as they did not want to put the jumper on, but the staff member continued to place the jumper on the person and they kept pushing it away. The staff member had not explained what they were going to do and had not asked the person whether they wanted their jumper on or not.

In another example we observed a staff member offering a toy to a person without speaking to them or acknowledging them and instead shaking it in front of them. The person took the toy out of their hand and put it back in the box indicating they did not want the toy.

We noted one person was being called by their first name by some staff and addressed by another name by another staff member. When asked, we found staff were not aware of what name the person preferred to be called by.

We also observed two people's clothes stained with food from lunchtime had not been changed in the afternoon.

The above evidence demonstrated people were not treated with respect. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were free to come and go as they pleased in the home. We observed staff respected people's privacy if they wanted to stay in their rooms. Staff demonstrated a good understanding of respecting people's privacy. They told us, "Treat them the way we would want to be treated, dress them appropriately, knock the door and always seek their permission", "They all have individual needs and it's about what they want" and "We close the door, draw the curtains. We respect their privacy. We talk with them, ask them is it warm enough, are you okay and keep them covered. We want to give them a good quality of life."

Relatives spoke positively about the staff. They told us "All the staff are very nice staff especially [staff member]. She is very nice and [person] and her get on well together" and "On the whole I am happy with the way [person] is cared for. [Person] is well dressed and is clean."

There were arrangements in place to encourage people to be involved with the planning of their care as much as they were able to. Records showed there were yearly reviews with people, staff and their relatives, in which their care was discussed and reviewed to ensure their needs were being met effectively. Relatives

told us, "I know what is going on and get invited to any meetings and the yearly reviews," and "Yearly reviews do happen to see how [person] is doing and if there have been any developments or changes with their care."

Care support plans included information about people's individual cultural and spiritual needs. Staff had a good understanding of equality and diversity. They told us, "Everyone is equal. We need to avoid discrimination based on background, language and culture," and "Treating everyone equally and fairly. Respect people's backgrounds and diversity in relation to age, sex and religion."

Requires Improvement

Is the service responsive?

Our findings

Relatives spoke positively about the service and care people were receiving. They told us "Staff are fully aware of [person's] needs and knows when they are in pain – staff are very vigilant. They know [person]. "They are always on the ball with [person], their meds and if they see any changes. They are very good like that", "[Person] is looked after and treated very well. I have no complaints about the way [person] is looked after" and "They are very proactive with [person's] health and keeping me informed. They always respond if there are any issues."

We looked at five care plans of people using the service. The care plans contained detailed information on the support each person needed with various aspects of their daily life such as personal care, health, mobility and eating and drinking. Care plans were well written, person centred and were in pictorial format. Records showed care plans were reviewed and when a person's needs changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

Care plans also set out information on how people were able to communicate and for staff to ensure they were able to communicate with people effectively. We noted the information was very specific to each person's needs. However, we observed little encouragement for people to exercise or express their choices during the inspection. For example, in one person's care plan, it stated, 'Offer me two choices, additionally use touch, smell and taste options'. However, throughout the inspection, we observed objects of reference and pictures cards were not used by staff to communicate, engage or encourage people to make choices in line with guidance in their care plans. For example, we observed staff verbally asking one person whether they wanted a drink, rather than showing them drink options to enable them to communicate their choice.

We observed care workers were more focused on household chores and tasks relating to their work rather than spending quality time with people, engaging and involving them in meaningful activities. Staff would be in the office completing paperwork and often would speak amongst themselves rather than encourage meaningful interaction with people.

People were not engaged in meaningful activities during the day. During the inspection, some people went to the day centre and we were informed by the registered manager that two people were going to be taken to a football match at the weekend. However, there was limited activity for people who remained at home and a lack of structure to their day.

In one person's care plan it stated, 'I like routine and structure and I do not like others deviating from the way I do things.' However, there was no information for this person in their bedroom which showed what the person was going to do each day.

We observed another person who wanted to go out on the bus and positioned themselves near the front door around mid-morning. Whilst they were taken out by staff in the afternoon, staff did not offer any alternative activities or attempt to divert the person's attention to engage in something else during the morning period, or explain the structure of the day to them which could have reduced their anxiety in

anticipating their bus trip so early in the day.

The service did not have an activities co-ordinator and staff delivered the activities at the home. This included music and sensory sessions. However, there were instances where these were not effective. For example, during the sensory session, staff decided to paint the person's nails and talk with them. After the staff member offered the person a board game which was for two people. However, staff put the counters in front of the person and told them to put the counters into the game on their own. The staff member didn't play the game with the person to help develop skills such as turn taking and counting. Another person was sitting at the dining table with a box of large bricks but no one was engaging with them.

There was an activities planner in place but this was generic and the listed activities did not always take place. For example, on the day of the inspection, the planner detailed that people would be involved in gardening but this did not happen. Throughout the inspection, TVs and radios were on even though people did not show any interest in the programmes which were showing which were generic daytime television and not stimulating or appropriate in any way for the needs of people using the service.

Relatives also shared some concerns in relation to people's activities. They told us, "People are not being taken out. I don't know what they do during the day", "I am concerned about what their routines are. I don't think they have one" and "They are not really doing anything. They sometimes go out to lunch but it's not regular. They haven't been on any holidays either."

The above evidence demonstrates people were not receiving person centred care and it was not evident how people were encouraged to make choices. People were not engaged in meaningful activities.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans included guidance on how staff could encourage them to be independent by clearly detailing what people were able to do themselves and areas in which they needed support. During the inspection, we observed some instances of people's independence being promoted such as people setting the table and doing their laundry with the assistance from staff where needed. One staff member told us, "We tell them what we are doing and get them involved. They have skills and you want them to use them otherwise you are taking it away from them and we don't want to do that."

Records showed there was a handover after each of their shifts and daily records of people's progress were completed each day to ensure staff were aware of any changes to people's conditions or support needs.

Relatives told us that they were kept informed with regards to people's care. They told us "They are very, very good. They communicate very well", "They inform me of everything. Staff do listen and the communication is good. They are really good with everything" and "Everything they discuss with me."

People were able to visit family and friends, receive visitors and were supported and encouraged to maintain relationships with family members. Relatives told us, "We can speak over the phone. I sometime speak to [person] that way", "They take [person] to see [relative] which is nice so they can see each other" and "They try to give [person] what normal people have. They sent me a photo of some pet therapy [person] was involved with. That was very nice."

The service had clear procedures for receiving, handling and responding to comments and complaints. Records showed an easy read version of the complaints policy was available for people using the service.

Relatives knew what to do if they needed to raise a complaint and concern. They also told us they were confident their concerns would be addressed. Records showed concerns raised had been investigated, responded to promptly and resolved satisfactorily by the registered manager. Complaints were also reported to the senior management team so that they had oversight and monitor the types of complaints being raised ensuring appropriate action had been taken in response.

Requires Improvement

Is the service well-led?

Our findings

Relatives spoke positively about the service. They told us, "[Staff are] very open. I am pleased no end," and, "They always let me know and keep me informed. They are very good like that".

There was a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had notified us of incidents and other matters to do with the service when legally required to do so.

The service undertook a range of checks and audits to monitor the quality of the service, and took action to improve the service where needed. We saw evidence that regular audits and checks had been carried out in areas such as health and safety, medicines, infection control and staff management. Where action was required, this was clearly documented along with what action the service had taken to make improvements.

However, we noted there were various areas which required improvement during the inspection. These included the lack of robustness and external auditing to ensure people's finances were being managed safely and appropriately, ensuring the environment met the needs of people using the service, people were not being treated with dignity and respect and receiving person centred care and not being engaged in meaningful activities.

We noted the audits had identified the issues found during the inspection and a plan of action was in place. This included back to basics training and implementing 'active support' as part of a drive towards getting staff to consistently promote involvement, choice and skills-development. The registered manager also told us all staff were going to undertake training by the positive behaviour support team. Seven members of staff had completed Makaton training and the registered manager showed us records of further training sessions planned for all staff. Shortly after the inspection, the registered manager showed us records demonstrating that staff had received an Intensive Interaction presentation by a Communications Lead Practitioner to help improve the communication skills of staff.

The senior operations manager told us he was aware of the issues and was supporting the service to ensure improvements were made. We also spoke to members of the provider's quality improvement team who were also involved in supporting the service to improve.

Feedback was sought from people and relatives to assess and monitor the quality of the service provided. We reviewed 10 questionnaires and found positive feedback had been received. Comments included 'You (Samuel Close) are doing everything right' and 'I feel every aspect of [person's] life is well catered for by very dedicated staff.' Records showed the responses had been evaluated and action was taken to make improvements when needed. For example, a relative commented that there should be more 'colour in the physical environment'. As a result, the person's room had been repainted with the help of their relative.

Staff told us that they felt supported by management and spoke positively about the registered manager. They told us "I have never worked with anyone like him. He knows what he is doing. He is on top of everything. You can call him anytime and he can give advice. He knows the people very well and can tell you. Having someone like him is good", "He is very flexible and approachable. He looks at things from the people and staff's point of view. He has a good understanding. I think he is great" and "He is very helpful, supportive. He does listen and is very supportive."

Relatives also spoke positively about the registered manager. They told us, "The manager is very nice", "I trust [registered manager]. He is approachable and I can talk with him", "[Registered manager] is very approachable. His door is always open" and "He is on top of everything, he is on it."

The service worked closely with health and social care professionals and other agencies to make sure people received the service they needed so they achieved positive care outcomes.

Staff spoke very positively about working for the service and feedback indicated a positive culture within the service that was open, inclusive and empowering. They also spoke very positively about the registered manager. They told us, "He is always explaining that the people are at the centre of everything and the policies here enforce that. They are trying to change attitudes and tell us about values, choice, dignity and empowerment. We can see it coming from the organisation and that's helpful", "They show they are compassionate with staff and ensure this is an enabling environment. They always seek input from staff. They empower us", "He is a good listener. He respects every person's views irrespective of who you are. He makes sure he listens and looks into any issues. You are treated fairly" and "He is the best manager. Never under pressure and very experienced, articulate, always has the answers to your questions. He is approachable and always willing to help."

Staff also spoke positively about the senior operations manager. They told us "He is very professional and very keen for things to be person centred for people and is supporting staff in that direction. He is attentive and listens and takes action where needed", "I can just call him and problem solved. He is very approachable. They try their best for the people" and "He is people orientated. The people using the service comes first. He is a good man."

Records showed staff meetings were held on a regular basis. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice or any concerns they had. Staff spoke positively about the team meetings. They told us "We can speak about anything. They give us the opportunity to give our views and to chip in", "We can discuss anything. People's needs. Needs are always changing and we always take that into consideration", "We speak about people's needs. Anything that needs to be improved. We do all contribute."

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 9 HSCA RA Regulations 2014 Person-centred care People were not sufficiently enabled and supported to participate in making decisions and exercise choice relating to their care and treatment. The provider did not plan and deliver care in a way to meet a person's individual needs through the provision of meaningful activities. Regulation 9 (1) (a) (b) (c) (d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect There were instances where people were not treated with respect. Regulation 10 (1)