

South Tyneside MBC

Clasper Court

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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 9 and 16 March 2015. The visit was unannounced and the second visit was announced. We last inspected the service on 2 July 2014 and found the provider had breached one regulation. This was because there were ineffective systems of medicines audits in place to ensure medicines records were completed accurately.

Clasper Court provides an on-site domiciliary care and support service to people who are tenants within Clasper Court Housing Plus scheme. The scheme can accommodate up to 24 people, at the time of our inspection there were 19 people using the service.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the provider had breached Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation

Summary of findings

18(2)(a) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not completed updated training relating to moving and handling and food hygiene.

You can see what action we told the provider to take at the back of the full version of the report.

The provider had made progress with their action plan and was now meeting the requirements of the regulation they were breaching following our last inspection in July 2014. We found there were audit systems in place now to support the safe management of medicines.

People using the service told us they felt safe and they received good support. People commented, “Yes safe, oh yes they look after you. They are my guardian angels”, “I like living here. I feel safe”, and, “Safe, yes I do [feel safe].” They also said, “Yes I get well looked after”, “The care is fantastic”, and, “Good care as far as I am concerned. I get on alright with the staff. It seems to be ok to me. I am quite happy.” People also gave positive feedback about their living environment. People commented, “Excellent, really nice. Just been all done”, and, “[Building] marvellous, gorgeous.”

Staff knew how to report safeguarding and whistle blowing concerns. They said they would report their concerns to the registered manager straightaway. They said their concerns had been dealt with properly. Staff told us they did not have any concerns about people’s safety.

The provider’s approach to managing risk was inconsistent. Some risk assessments were specific to the person being supported whilst others were generic. There were three different formats in use for undertaking medicines risk assessments. We have made a recommendation about risk management.

People using the service and staff told us there were enough staff. People said, “If I need help, staff come as quickly as they can”, “If I call staff, I don’t wait too long”, “Staff come quickly, I am never left for long”, and, “If I need help staff are quick.” The service followed recruitment and selection processes to ensure new staff were suitable to work with vulnerable people.

Incidents and accidents were logged, investigated and action was taken to keep people safe. Regular health and

safety checks were undertaken and these were up to date at the time of this inspection. There were emergency evacuation plans and processes in place to support people in an emergency.

Staff told us they were well supported in their role and had regular supervision and an annual Personal Development Plan (PDP) meeting.

Staff had a good understanding of the Mental Capacity Act (2005). People had support plans in place which detailed the support they needed with making day to day decisions.

People told us staff asked for permission before providing support. They also confirmed they were supported to make their own decisions and choices. Staff also confirmed they always asked people for permission before providing support.

People could either purchase a meal at lunch-time or receive support from staff to make their own meals. Staff supported people with eating and drinking in line with each person’s individual needs. People told us staff supported them with meeting their health care needs. People said, “If I need medical assistance, staff do all that. They are lovely”, and, “When I am bad they are there.”

People said they were treated with dignity and respect. They also said staff were patient and gave them the time they needed. One person said, “Excellent care, staff have time for you and don’t rush you”, and, “They [staff] listen to everything you have to say.”

People were given information both in writing and verbally about how to access independent advocacy. Staff were aware of their responsibilities relating to confidentiality.

Some people did not have up to date care plans that met their current needs. Staff were in the process of updating people’s support plans into a more person centred format. However, a clear timescale had not been set to complete this piece of work. Support plans that had been updated into the new format were personalised to meet people’s individual needs. Support plans were reviewed regularly. However, review records were usually brief and did not provide a meaningful update as to how the person was.

Summary of findings

Staff supported people to be as independent as possible. One person said, “I do as much as I can and staff do everything else.” Staff knew the people they supported well. One person commented staff, “Know more about me than I do.”

People knew how to complain if they were unhappy. One person said they would, “Tell Linda [registered manager] if I am unhappy.” Another person said, “If I was not happy I would speak to Linda [registered manager] or [senior support worker’s name].” None of the people we spoke with raised any concerns about the support they received. We saw previous complaints received had been investigated. People had opportunities to give their views about the service through regular ‘tenants’ meetings.’

The home had a registered manager. We found the provider had not made all of the required statutory notifications to the Care Quality Commission. This matter is being dealt with outside of the inspection process.

People and staff said the registered manager was approachable. One person said, “She’s great, she sees to things”, and, “Lovely, top of the pops.” Another person said, “She is fantastic, she is a good girl.” Another person said, “Definitely approachable, She will sit and talk to you.”

There were regular staff meetings where staff were able to give their views about the service.

The provider had made progress with their action plan they sent us following our last inspection. Monthly medicines audit had been implemented which had been successful in identifying issues relating to the quality of medicines management.

The registered manager undertook other quality checks and audits. However, these checks were ad hoc and had not been consolidated into a structured quality assurance programme. We have made a recommendation about quality assurance.

The local authority’s commissioning team was undertaking regular visits to check on the quality of the service. We saw 14 out of 18 people had given positive feedback about the service through completing questionnaires. They had also suggested activities they would like to take part in including a tea dance, a pamper session and a darts and dominoes evening.

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 not always safe. The provider's approach to managing risk was inconsistent with different formats and approaches used for carrying out risk assessments.

People told us they felt safe living at the service. Staff knew how to report safeguarding and whistle blowing concerns.

People using the service and staff told us there were enough staff. The service followed recruitment and selection processes to ensure new staff were suitable to work with vulnerable people.

Incidents and accidents were logged, investigated and action was taken to keep people safe. Regular health and safety checks were undertaken and there were emergency evacuation plans and processes in place.

Requires improvement



Is the service effective?

The service was not always effective. Staff had not completed updated moving and handling and food hygiene training. Staff told us they were well supported in their role and had regular one to one time with their manager.

Staff had a good understanding of the Mental Capacity Act (2005). People had support plans in place which detailed the support they needed with making day to day decisions.

People told us staff asked for permission before providing support and were supported to make their own decisions and choices.

Staff supported people with eating and drinking in line with each person's individual needs. People told us staff supported them with meeting their health care needs.

Requires improvement



Is the service caring?

The service was caring. People told us they were well supported and gave us positive feedback about their support staff.

People said they were treated with dignity and respect. They also said staff were patient and gave them the time they needed.

People were given information independent advocacy. Staff were aware of their responsibilities relating to confidentiality.

Good



Is the service responsive?

The service was not always responsive. Some people did not have up to date care plans that met their current needs. Where support plans that had been updated, these were personalised to meet people's individual needs. Support plans review records were usually brief and were not always meaningful.

Requires improvement



Summary of findings

Staff supported people to be as independent as possible. People told us staff were responsive to their needs.

People knew how to complain if they were unhappy. None of the people we spoke with raised any concerns about the support they received. Previous complaints received had been investigated. People had opportunities to give their views about the service.

Is the service well-led?

The service was not always well led. The home had a registered manager. We found the provider had not made all of the required statutory notifications to the Care Quality Commission. People and staff said the registered manager was approachable. Regular staff meetings took place.

Monthly medicines audit had been implemented which had been successful in identifying issues relating to the quality of medicines management. The registered manager undertook other ad hoc quality checks and audits. The local authority's commissioning team was undertaking regular visits to check on the quality of the service.

We saw 14 out of 18 people had given positive feedback about the service through completing questionnaires.

Requires improvement



Clasper Court

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.

The inspection took place on 9 and 16 March 2015. The visit was unannounced and the second visit was announced. The inspection was carried out by an adult social care inspector.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the local clinical commissioning group and the local health watch. We did not receive any information of concern from any of these people.

We spoke with eight people using the service, the registered manager, the senior support worker and two support staff. We viewed the care records for three people using the service, five staff files and medicines records for all people using the service.

Is the service safe?

Our findings

People using the service told us they felt safe. One person commented, “Yes safe, oh yes they look after you. They are my guardian angels.” Another person said, “I like living here. I feel safe.” Another person said, “Safe, yes I do [feel safe].” Another person said, “Safe, oh yeah.”

People were supported to take their medicines when they needed them. One person confirmed they were supported to take their medicines. They said, “[Staff] give me my tablets and see that I take them.” Another person said, “[Staff] take care of medication for me.” We saw people had medication support plans which described how they preferred to take their medicines. For example, one person’s support plan said they liked a glass of water with their medicines and they preferred to take them after breakfast whilst sitting in an armchair. Medicines records we viewed were up to date and accurate. This included records for the receipt, administration and disposal of medicines.

Staff had a good understanding of safeguarding adults. They explained to us about the various types of abuse and gave examples of potential warning signs. For example, a person becoming withdrawn, not being their usual self or not wanting to go out. All staff said they would report their concerns to the registered manager straightaway. One staff member said, “The registered manager would treat them [concerns] in the right way.” We saw from viewing the provider’s safeguarding log that one safeguarding concern had been received. This had been reported to the local authority safeguarding team as required. Staff were also aware of the provider’s whistle blowing procedure. Some staff had previous experience of using the procedure. They said their concerns had been dealt with properly. Staff told us they did not have any concerns about people’s safety.

The provider’s approach to managing risk was inconsistent. Some risk assessments we viewed were specific to the person being supported. For example, one person had a positive risk taking assessment considering the risk posed to the person from ‘going to town and attending a monthly group.’ The assessment considered the advantages to the person from taking the risk, such as pleasure, meeting people and giving control and independence. The assessment also considered the potential risks. However, for some potential risks staff had completed a generic risk assessment which was not directly related to the person’s

individual needs. For example, each person had a standard risk assessment entitled ‘Risk assessment for supporting people with personal hygiene.’ This was written from the perspective of support staff and did not include any personal information about the person being supported with personal hygiene. We also saw the provider had three different medicines risk assessment formats in use. We have made a recommendation about risk management.

There were enough staff to meet people’s needs. People did not raise any concerns with us about staffing levels. They said staff were attentive to their needs when they needed help or support. One person said, “If I need help, staff come as quickly as they can.” Another person said, “If I call staff, I don’t wait too long.” Another person said, “Staff come quickly, I am never left for long.” Another person said, “If I need help staff are quick.” Staff confirmed there were enough staff to meet people’s needs. Staff members shift patterns had been organised around people’s needs to ensure enough staff were available during busy periods throughout the day. For example, to fit in with what people had planned for the day, such as shopping and hospital appointments.

People we spoke with gave positive feedback about their living environment. One person commented, “Excellent, really nice. Just been all done.” Another person said, “[Building] marvellous, gorgeous.” Clasper Court had recently undergone major improvement works to improve the standard of people’s accommodation. People also now benefitted from self-contained flats, communal areas, a conservatory and a modern sensory room.

The service followed the provider’s agreed recruitment and selection processes. These were effective in ensuring new staff were suitable to work with vulnerable people. Staff files we viewed confirmed pre-employment checks had been carried out. For example, Disclosure and Barring Service (DBS) checks to confirm applicants did not have a criminal record or were barred from working with vulnerable people. The provider had also requested and received references including one from the applicant’s most recent employer. This meant people were protected because the provider always vetted staff before they worked at the service.

Incidents and accidents were logged and investigated. Records within the incident and accident log confirmed the action staff had taken to keep people safe. For example, one person had fallen four times in a short space of time.

Is the service safe?

Staff had updated the person's risk management plan to include additional controls to manage the person's increased risk of falling. This included encouraging the person to ask for staff support when mobilising. We found the person had been involved in reviewing the risk management plan along with senior staff.

Records we viewed during our inspection showed regular health and safety checks were undertaken. This included checks of gas safety, electrical safety, electrical appliances,

fire safety and water safety. At the time of this inspection these checks were up to date. We found the home's fire risk assessment had been carried out in November 2014. The service had emergency evacuation plans and processes in place which included details of people's support needs in an emergency.

We recommend the service considers current guidance on risk management and takes action to implement a consistent approach to managing risk.

Is the service effective?

Our findings

Some training the provider considered essential to enable staff to fulfil their caring role, was not up to date. We viewed the training records for all staff working at the service. We found moving and handling training and food hygiene training had not been updated in line with the provider's expectations. For example, moving and handling training was overdue for six out of 14 staff. We found one of the six staff whose training was overdue had been involved in an incident in February 2015 relating to inappropriate moving and handling. We also found at the time of this inspection that this person had still not completed moving and handling refresher training. Food hygiene training was also overdue for two out of 14 staff, with a further three staff due by the end of March 2015. The registered manager said there was currently a lack of availability of training dates. This meant people were at risk of unsafe care because staff had not completed all of the training they needed to support people appropriately.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2)(a) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People gave us positive feedback about the skills of their support staff. One person said, "Staff do a good job. The Staff are marvellous." Another person said, "Very good, Staff are all good." Another person said, "Carers [support staff] have been very good." Another person said, "Staff know what they are doing alright, they have got it off to a fine art."

Staff told us they were well supported in their role. One staff member said, "Fab, the manager is the best boss I have ever had. They said they had regular supervision and an annual Personal Development Plan (PDP) meeting. Supervision is important so staff have an opportunity to discuss the support, training and development they need to fulfil their caring role. One staff member said supervisions, "Always happen." We saw from viewing PDP records that support workers were set objectives to aim for. For example, ensuring their training was up to date and ensuring care plans were up to date.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that

protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' Staff we spoke with had a good understanding of the MCA. They were able to describe when MCA applied to a person including who would be involved in making decisions in the 'best interests' of the person. The registered manager told us there were two people who used the service who lacked capacity to make their own decisions. Both of these people were due to move to an alternative placement which was more suited to their needs. The senior support worker told us MCA assessments had been done for both people. We saw from viewing records, people had support plans in place which detailed the support they needed with making day to day decisions.

People told us staff asked for permission before providing support. They also confirmed they were supported to make their own decisions and choices. One person said, "Carers [support staff] come every morning. They make me a cup of tea or whatever I want for breakfast." Another person said, "I am the one that tells staff what I need." They went on to say staff, "Always ask how can I help you?"

Staff confirmed they always asked people for permission before providing care. They also confirmed they would respect people's decisions and choices. One staff member said, "If they don't want to get up in the morning, that's their choice." Another staff member said, "We ask them always, We have to give them choice. If they say no they don't get it. It is up to the person." Another staff member said if a person, "Changes their mind, it is not a problem."

The registered manager told us people could purchase a meal at lunch-time but this was optional. If a person did not want to buy the meal, staff would support them to make something else in their flat. People were supported at other times of the day to make their own breakfast, tea and supper depending on their wishes. One person said, "I can have dinner either here or in the dining room." People said if they didn't like the lunchtime meal staff provided they could have something else. One person said, "If I don't like what they make I can have something else. Today I am having scrambled eggs on toast rather than the meal provided."

Most people were independent with eating and drinking. For the small number of people who required support, staff

Is the service effective?

were able to describe the help they needed. This varied from one to one assistance with feeding to support to cut up people's food. Staff confirmed there were currently no people identified as at risk of poor nutrition.

People told us staff supported them with meeting their health care needs. One person said, "If I need medical assistance, staff do all that. They are lovely." Another person said, "When I am bad they are there."

Is the service caring?

Our findings

People gave us positive feedback about their care. One person said, “Yes I get well looked after.” Another person said, “The care is fantastic.” Another person said, “Good care as far as I am concerned. I get on alright with the staff. It seems to be ok to me. I am quite happy.” Another person said the support they received was, “Very good.”

People told us staff were caring and treated them kindly. One person said, “They’re [staff] very kind.” Another person said, “All good to me, treat me great.” Another person said, “I am quite content. They are marvellous people.” This was also confirmed in people’s feedback from recent consultation about the quality of their support. We saw 14 out of 18 people had responded ‘always’ when asked whether staff treated them with respect and whether staff were kind to them.

Staff were patient and gave people the time they needed. One person said, “Excellent care, staff have time for you and don’t rush you”, and, “They [staff] listen to everything you have to say.” We observed when staff interacted with people they were very kind and considerate. For example, over lunch time we saw staff asked people if they needed any help or support. We also saw staff regularly took time to have a chat with people.

People were treated with dignity and respect. One person said, “[Staff] explain what they are doing.” Another person said, “I don’t feel embarrassed.” Staff gave us practical

examples of how they supported people whilst maintaining their dignity. For example, keeping people covered, keeping the door shut, asking people first and talking through what they were doing. The registered manager and senior support worker described how they ensured people were treated with respect. They said they, “Work on the floor, going around, being aware and listening.” They also said dignity and respect was part of staff training and was discussed in supervision.

People were given information about how to access independent advocacy. An advocate is someone who represents a person, while supporting them to make informed decisions. The registered manager told us access to advocacy was also discussed when people first moved into the service. Staff had a good understanding of the importance of maintaining confidentiality. For example, they said they did not discuss people in front of other people or in communal areas. However, staff also told us about occasions when they may need to breach confidentiality, such as if there was a potential safeguarding concern.

We asked the registered manager and staff members to describe the support provided within the service and to tell us what the service did best. They said, “Providing a safe and secure home, treating people with respect”, “Promoting people to stay independent in their own house”, “Protecting people’s wishes and dignity”, “Treating the person well as an individual”, and “Provide good person centred care. All staff have a person centred approach.”

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person said, “If there is anything I want the carers to do they will do it. They are splendid.” Another person said, “[The] staff would help you with anything.” Another person said, “[Staff] do everything they can for me”, and, “[Staff] couldn’t do enough for me.”

Staff had a good understanding of people’s needs. Staff said they involved people in planning their own support through talking with them. One staff member said they, “Find out what they [people] like and don’t like.” They also said people had, “Input into care plans.” The senior support worker said, “Staff know people really well. They have a good relationship with them. The key worker system works well.” Key workers made sure people had their shopping done, liaised with family members and supported people with writing letters if they wished.

We saw people’s care records contained personal information for staff to refer to about each person. For example, staff had completed ‘The beginning of my life’ and ‘About me’ profiles. These contained important information about the person’s life including their place of birth, family members, schools attended, favourite hobbies and favourite holidays. They also contained information about what was important to the person and what gave them comfort and control. For one person this was for them to remain independent in their own home and having the re-assurance that support staff were, “Just along the corridor.” This meant staff had access to information to help them better understand the people they were supporting.

Some people who used the service did not have up to date care plans that met their current needs. Staff were in the process of updating people’s support plans into a more person centred format. The registered manager told us 11 out of 19 support plans had been updated. We found a clear timescale had not been set to complete this piece of work. We saw within one person’s care records they had returned to the service from a stay in hospital in January 2015. Staff had recorded the person’s care had been reviewed and ‘now a lot more needs to be done for [person’s name].’ However, at the time of our inspection we found the person’s support plans had not been updated to meet this increased level of need.

We viewed three support plans that had been updated into the new format. We found they were personalised to meet people’s individual needs. Support plans detailed the support people wanted, including an identified outcome to aim towards. For example, one person’s personal care support plan identified the person wanted their hair washed two to three times a week, a shower every other day and staff to be discreet. The identified outcome was ‘I feel refreshed and clean ready to start my day.’ Support plans were reviewed regularly, usually every two months unless there were changes. We found review records were usually brief and did not provide a meaningful update as to how the person was. For example, staff recorded comments such as ‘no changes required at present’ or ‘happy with support provided.’

Staff supported people to be as independent as possible. One person said, “I do as much as I can and staff do everything else.” One staff member said, “We are here to help people, not take things away from them.” Another staff member said, “We don’t automatically do things, we give choices.”

Staff knew the people they supported well. One person commented staff, “Know more about me than I do.”

People told us activities were organised and they could choose whether to take part. One person told us staff arranged bingo and a coffee morning. They said, “I choose how to spend my time. I go out a lot.” Another person said parties and reminiscence activities had been organised. They said they, “Have the choice to attend or not.”

People knew how to complain if they were unhappy. One person said they would, “Tell Linda [registered manager] if I am unhappy.” Another person said, “If I was not happy I would speak to Linda [registered manager] or [senior support worker’s name].” None of the people we spoke with raised any concerns about the support they received. One person said, “No complaints, I am quite content here.” Another person said, “No complaints here.” Another person said, “No concerns whatsoever.” The provider had a system in place to log and investigate complaints. We saw two complaints had been received and had been recorded in the complaints log. The log confirmed action had been taken to resolve both of these complaints. For example, reminding staff of the policies and procedures and offering an apology. People had opportunities to give their views about the service. Monthly ‘tenants’ meetings’ were held during the regular coffee morning.

Is the service well-led?

Our findings

The home had a registered manager. We found the provider had not made all of the required statutory notifications to the Care Quality Commission. For example, the provider had not submitted statutory notifications for two incidents that took place at the service. One of these incidents had been referred to the local authority safeguarding team. However, we found the provider had taken the required action to investigate and deal with the issues. This matter is being dealt with outside of the inspection process.

People and staff said the registered manager was approachable. One person said, “She’s great, she sees to things”, and, “Lovely, top of the pops.” Another person said, “She is fantastic, she is a good girl.” Another person said, “Definitely approachable, She will sit and talk to you.” One staff member commented, “The manager is a good listener, she takes on board what you say.” Another staff member said the registered manager’s “Door is always open.” Staff members said there was a good atmosphere within the service. One staff member commented, “Lovely atmosphere.” They also said family members commented quite a lot on the good atmosphere.

There were regular staff meetings where staff were able to give their views about the service. One staff member said they were encouraged to give their opinion. They also said they could write their concerns down before the next meeting to be added to the agenda. The registered manager told us monthly team meetings were used as an opportunity to promote learning. They said incidents were discussed and this was focused around what had happened, what had gone wrong and what had been learned.

Following our last inspection in July 2014 we found the provider did not have in place an effective system of medication audits or checks to identify and investigate gaps in medicines records. The provider sent us an action plan detailing the action they planned to take to meet the requirements of the regulations. This included reviewing policies and procedures, additional training for staff and implementing a medicines audit system. The provider gave us assurances they would meet the requirements of the regulations by 31 October 2014.

During this inspection we found the provider had made progress with their action plan. In particular, a specific monthly medicines audit had been implemented. This included checks on medicines policies and procedures, medicines administration records (MARs), storage of medicines, medicines receipt and disposal records. We viewed the records from previous audits. We saw these were being carried out consistently and were successful in identifying issues relating to the quality of medicines management. For example, the audits had identified where gaps had been found in MARs. We saw these had been investigated and a log of issues was being maintained. This provided the registered manager with information to monitor over time any trends and patterns. However, as the system had only recently been introduced it was too early to assess the impact of the audit process in generating sustained improvement in the quality of medicines records.

The registered manager undertook other quality checks and audits. For example, we saw that a staff file audit had recently been carried out. However, these checks were ad hoc and had not been consolidated into a structured programme of quality assurance checks. This is important to promote learning and sustained improvement in the quality of the service. We have made a recommendation about quality assurance.

The local authority’s commissioning team had carried out a full audit of the service and had developed an action plan. The commissioning team was undertaking regular visits to check on progress against the action plan. The provider told us that as part of the on-going quality assurance for the service, the commissioning team would continue to carry out regular monitoring visits. The registered manager said questionnaires were used to gather people’s views about the quality of the service. We viewed the most recent feedback from November 2014. We saw 14 out of 18 people had given positive feedback about the service. People had used the questionnaires as an opportunity to suggest activities including a tea dance, a pamper session and a darts and dominoes evening.

We recommend the service seeks advice and guidance to develop a structured approach to quality assurance in order to promote learning and continuous improvement.

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
Personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and supporting workers, which corresponds to regulation 18(2)(a) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Staff had not received some necessary training to enable them to deliver care to people safely and to an appropriate standard. Regulation 23 (1)(a).</p>