

Prime Life Limited

Glengarriff House Nursing Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

This was an announced inspection carried out on 23 February 2016.

Glengarriff House Nursing Home can provide accommodation, nursing and personal care for 18 people who have a learning disability or who have special mental health needs. The accommodation comprises the main house and four self-contained flats. There were 14 people living in the service at the time of our inspection. All of the people had a learning disability and some also had special communication needs and used a combination of words, signs and gestures to express themselves.

There was 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 one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because quality checks had not been robust and this had led to a number of shortfalls not being identified and quickly addressed. You can see what action we told the registered persons to take at the end of the full version of this report.

There were not always enough staff on duty to provide everyone with all of the care they needed. Staff knew how to respond to any concerns that might arise so that people were kept safe from harm. People had been helped to stay safe by avoiding unnecessary accidents, medicines were managed safely and background checks had been completed before new staff were appointed.

Staff had received training and guidance and they knew how to support people in the right way including how to respond to people who had special communication needs. People had been supported to eat and drink enough and they had been helped to receive all of the healthcare assistance they needed.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the MCA and to report on what we find. These safeguards are designed to protect people where they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had taken all of the necessary steps to ensure that people's legal rights were protected.

People were treated with kindness and compassion. Staff recognised people's right to privacy and respected confidential information. However, some of the arrangements at meal times did not support

people to enjoy dining in a dignified way.

People had received all of the practical assistance they needed. Most of the people who could become distressed had received suitable support and reassurance. People had been consulted about the care they wanted to receive and staff supported people to express their individuality. Staff had supported most people to pursue a wide range of interests and hobbies and there was a system for resolving complaints.

People and their relatives had been consulted about the development of the service. Staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. People had benefited from staff acting upon good practice guidance.

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 consistently safe.

There were not always enough staff on duty to provide everyone with all of the support and reassurance they needed.

Staff knew how to keep people safe from abuse and to avoid unnecessary accidents.

Medicines were managed safely.

Background checks had been completed before new staff were employed.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had received training and guidance to enable them to support people in the right way including people who had special communication needs or who could become distressed.

People were helped to eat and drink enough and they had received all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Good ●

Is the service caring?

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and confidential information was kept private.

Some aspects of the dining arrangements did not promote people's dignity.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all of the practical assistance they needed and most of the people who could become distressed had received suitable support and reassurance.

People had been supported to express their individuality and to pursue a wide range of hobbies and interests.

There was a system to resolve complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Quality checks had not always ensured that problems in the running of the service were quickly resolved.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

Glengarriff House Nursing Home

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 registered persons were 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.

Before our inspection we reviewed the information we held about the service. Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks the registered persons to give some key information about the service, what the service does well and improvements they plan to make. We also took into account the notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 23 February 2016. We gave the registered manager a short period of notice before we called to the service. This was because the people who lived in the service had complex needs for care and benefited from knowing that we would be calling. The inspection team consisted of a single inspector.

During the inspection we spoke with seven people who lived in the service. We also spoke with three care workers, the cook, a nurse and the registered manager. We observed care that was provided in communal areas and looked at the care records for four of the people living in the service. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

After the inspection visit we spoke by telephone with four relatives so that they could tell us their views about how well the service was meeting their family members' needs and wishes.

Is the service safe?

Our findings

The registered manager said that the registered persons had regularly reviewed the care each person needed, had calculated how many staff were needed and had discussed the necessary funding arrangements with the relevant local authorities. However, we found that this process had not resulted in their being enough staff on duty at the time of our inspection. This was because staff did not have the time to give one person the individual support they needed. The registered manager said that health and social care professionals had previously established that the person concerned needed continuous and intensive support. We also noted that the need for this enhanced level of care was recognised in the person's care plan as being necessary. This was because the person often expressed anxiety in ways that could have resulted in them injuring themselves.

However, we noted that initial funding for this higher level of support had been withdrawn. The registered manager said that this had then resulted in the registered persons not being able to deploy enough staff to give the person the individual attention they needed. We observed the person for three periods of time each lasting for 10 minutes. Two of these periods were in the morning and one of them was mid-afternoon. Throughout these times the person was alone in the dining room or in the nearby vestibule while staff were elsewhere providing other people with care. We noted that the person was continuously spinning on their heels and seeking reassurance by using their forehead and face to abruptly and persistently knock against specific areas of walls and woodwork. We saw that the areas of wall and woodwork in question were worn away due to the frequency of the person's expression of distress. We also heard them loudly calling out for assistance. On each occasion this was provided at the end of the 10 minutes and we observed that the presence of staff quickly resulted in the person becoming calm. However, we observed that these periods of reassurance and calm ended as soon as staff were called away to complete other duties.

Records showed that the number of staff available to care for people on the day of our inspection matched the level of staff cover that was routinely available in the service. We examined records of the care provided for the person in question during the two weeks preceding the date of our inspection. These records showed that the person had become distressed on a regular basis and confirmed that there were not enough staff on duty to provide all of the care they needed. The registered manager said that they would immediately refer this matter to the local authority which paid for the person to live in the service. Shortly after our inspection visit the registered manager informed us that the registered persons had contacted the relevant local authority. They said that the registered persons had requested that a review be completed as soon as possible to establish how best to provide the person with the individual attention they needed.

People said and showed us that they felt safe living in the service. A person said, "I find the staff to be really nice and kind." Another person who had special communication needs ran towards a member of staff and took their hand to lead them back to where they had been sitting while doing some craft work. We saw other people going out of their way to be close to staff including calling to the office, sitting with the registered manager and chatting about everyday subjects. All of the relatives we spoke with said they were confident that their family members were safe in the service. One of them said, "I've absolutely never had to worry at all about my family member being safe in the service. When my family member goes out with me into the

town I've noticed that they're always pleased to go back to the service which is the best sign that things are right."

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Records showed that in the 12 months preceding our inspection the registered manager had acted appropriately to respond to two concerns that had been raised about the safety of people who lived in the service. We noted that in each case the registered manager had correctly consulted with the local safeguarding authority. In addition, we found that action had promptly been taken to keep people safe while the concerns were investigated and resolved.

We saw that staff followed a positive approach to risk taking so that people were not unduly limited in the things they could do. For example, we noted that people who wanted to complete tasks in the kitchen received individual support from staff so that they could safely use a normal range of appliances.

We also found that staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. For example, special arrangements had been made to assist a person who used a wheelchair to sit securely and safely when using the service's vehicle. We also noted that the registered persons had provided staff with written guidance about how to safely assist people should they need to quickly move to another part of the building in the event of an emergency such as a fire. We saw that staff knew what action to take so that the risk of accidents was reduced if it was necessary to assist people to move to a safer place.

We observed that safety latches had been installed to windows that prevented them from being opened too far. This provision reduced the risk that people would accidentally injure themselves. However, we were told that some windows had not been glazed with safety glass that would not splinter if damaged. When we raised this matter with the registered manager they assured us that the oversight would be immediately corrected.

Records showed that during the two months preceding our inspection there had been 18 accidents or near misses in the service. We saw that these events had not resulted in any significant injury. We also noted that there was a robust system to analyse any mishaps that did occur so that action could be taken to help prevent them from happening again. For example, we were told that a person had been assisted to rearrange the furniture in their bedroom to reduce the risk of them bumping into it and falling.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. The nurses and senior care workers who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that in the 12 months preceding our inspection there had not been any occasions on which a medicine had not been correctly dispensed. A person said, "The staff help me with my tablets as I'd get in a real muddle with them."

Staff said and records confirmed that the registered persons had completed background checks on them

before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this, other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Is the service effective?

Our findings

Staff had regularly met with a senior colleague to review their work and to plan for their professional development. In addition, we noted that the registered manager regularly observed the way in which other staff provided support. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. Records showed that nearly all members of staff had obtained a nationally recognised qualification in care. We saw that in addition to this, staff had received introductory and on-going training in key subjects including how to support people who have a learning disability and who have complex needs for care resulting from particular medical conditions. The registered manager said that this training was necessary to confirm that staff were competent to care for people in the right way.

We saw that staff had the knowledge and skills they needed. For example, we saw that staff knew how to effectively support a person who had special needs to organise their day to follow a particular routine. We noted how the person concerned was pleased to be assisted to move in a deliberate way from one activity to the next. A relative said, "It's quite a settled staff team and that's particularly been the case since the current manager joined the service. The staff get to know the people who live there and it's sort of like a family setting."

People said and showed us that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. For example, when we asked about their relationships with staff a person who had special communication needs clapped their hands loudly, put their arms around a nearby member of staff and hugged them. Another person said, "The staff are great to me and they help me get my bedroom how I like it and they're always around so I'm not on my own."

We noted that the registered manager recognised how important it was to ensure that people were eating and drinking enough to stay well. Records showed that people had been offered the opportunity to have their body weight checked so that staff could identify any significant changes that might need to be referred to a healthcare professional. We noted that the registered manager had consulted with healthcare professionals to develop special arrangements to support a person who sometimes did not eat all of their meals and who was at risk of losing weight. The arrangements included staff gently supporting the person to eat and providing them with food supplements that increased their intake of calories.

However, we noted that staff were not routinely recording the meals that people were offered each day. Although we saw that people had been provided with a choice of dishes at each meal time, the absence of records reduced the ability of staff to ensure that each person was following a reasonably varied diet. This was because they were not able to monitor what dishes each person had eaten. We raised this matter with the registered manager who said that a suitable record would be introduced of the meals each person had elected to have.

We noted that staff had consulted with healthcare professionals about how best to assist some people to reduce the risk of them choking when eating their meals. We saw that staff were reliably following guidelines

that described how foods such as meat should be cut up into smaller pieces so that it was easier to swallow.

Records confirmed that whenever necessary people had been supported to see their doctor, dentist and optician. This had helped to ensure that they received all of the assistance they needed to maintain their good health. A relative said, "The staff are very much on the ball about healthcare and they're straight on the telephone to the doctor if my family member isn't well and needs treatment. I appreciate how they don't let things rest and they want what's best for each person."

The registered manager and staff knew about the Mental Capacity Act 2005. This law is designed to ensure that whenever possible staff support people to make decisions for themselves. We saw examples of staff having assisted people to make their own decisions. This included people being helped to understand why they needed to be accompanied by staff when they went out into the community so that they could safely manage hazards such as road traffic.

When people lack the capacity to give their informed consent, the law requires registered persons to ensure that important decisions are taken in their best interests. A part of this process involves consulting closely with relatives and with health and social care professionals who know a person and who have an interest in their wellbeing. Records showed that staff had supported people who were not able to make important decisions in the right way so that decisions were taken in their best interests. For example, we noted that key people in a person's life had been consulted when it had been necessary for the person to be gently persuaded to remain in hospital when they needed to be there for treatment.

People can only be deprived of their liberty in order 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). We found that the registered manager had ensured that people were fully protected by the DoLS. Records showed that they had applied for the necessary authorisations from the relevant local authorities in relation to all of the people who lived in the service. This was because they lacked mental capacity and it was likely that all of them might need to be deprived of their liberty in order to keep them safe. The registered manager said that all of the people concerned could place themselves at risk if they chose to leave the service on their own and so would be actively discouraged from doing so. By applying for the authorisations in question, the registered manager had used reasonable foresight to ensure that only lawful restrictions would be used that respected people's rights if it was necessary to deprive them of their liberty.

Is the service caring?

Our findings

People who lived in the service were positive about the quality of care they received. We saw a person spending quiet time in the lounge with a member of staff before they went out on a trip to a local wildlife park. The member of staff chatted with the person about the sorts of animals they would see. They then both imagined what their natural habitats would look like. A relative said, "I think that the service is very caring and that the staff are genuinely kind and interested in the people who live there." Another relative said, "Whenever I call to the service I'm impressed with the staff. No matter how busy they are they're always kind and caring towards the people living there."

We saw that people were being treated with respect, courtesy and kindness. Staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. For example, we noted that one person needed to be supported in a particular way because they were about to have a new item of furniture installed in their bedroom. This involved discussing with them how the new piece of furniture would be moved into their bedroom and how it would benefit them once it was installed.

Staff were knowledgeable about the care people needed, gave them time to express their wishes and respected the decisions they made. For example, during the course of our inspection we visited a person who lived in one of the flats. Soon after we arrived the person indicated that they wanted to be assisted to make a drink. We noted that the member of staff stopped speaking with us and gave their time to the person so that they could be assisted to prepare and enjoy their drink.

We noted that staff recognised the importance of promoting people's dignity by not intruding into their private space. Bathroom and toilet doors could be locked when the rooms were in use. We saw that staff knocked on the doors to private areas and waited for permission before entering. People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal areas.

However, the dining arrangements we saw at lunchtime did not provide people with a dignified experience. This was because the tables were not dressed with covers, there were no place settings and no condiments. In addition, people dined at different times as and when their meals were delivered from a serving hatch that connected to the kitchen. The meals that we saw were not attractively presented. This was because the plates were piled high with either lasagne or shepherd's pie and no other side dishes were provided. When we raised our concerns with the registered manager they acknowledged that improvements should be introduced to make meal times a more dignified and enjoyable experience. They said that they would consult with people who lived in the service and would introduce any improvements that were suggested.

We noted that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. When necessary, staff had assisted people to keep in touch with relatives by sending birthday and Christmas cards. People said that staff helped them to make and

receive telephone calls. One of them said, "I can talk to my family on the telephone as the staff help me ring the number."

We found that the registered manager had developed links with local advocacy services. They are independent both of the service and the local authority and can support people to make and communicate their wishes. Although it had not been necessary to use them, there were arrangements to quickly access an advocate if someone did not have family or friends to help them make their voice heard.

Written records that contained private information were stored securely and computer records were password protected so that they could only be accessed by staff. We noted that staff understood the importance of respecting confidential information. For example, we observed that staff did not discuss information relating to a person who lived in the service if another person who lived there was present.

Is the service responsive?

Our findings

We found that staff had consulted each person and their relatives about the care they wanted to receive and had recorded the results in individual care plans. Records showed that these plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. A relative said, "The staff do consult with me and involve me in decisions about my family member's care and I've attended review meetings in the service when we've looked at how well my relative is being cared for." Another relative said, "I feel that my views are important and are taken into account. There are no divisions between staff and relatives."

We saw a lot of practical examples of staff supporting people to make choices. One of these involved a person being assisted to choose clothes they wanted to wear before they went out for the day to visit a local place of interest. A member of staff explained that the visit would involve time being both indoors and outdoors and helped the person to choose clothes that would be warm enough for when they were outside. The member of staff then helped the person to select a warm jacket that the person was pleased to put on.

People said and showed us that staff had provided them with all of the practical everyday assistance they needed. This included supporting people to be as independent as possible in relation to a wide range of everyday tasks such as washing and dressing, using the bathroom, organising personal laundry and managing money. For example, we observed a person being encouraged to plan ahead for the dishes they wanted to have when they next went out with staff to a local restaurant. Staff discussed with the person the menu that was likely to be available so the person could decide what meal they would like to have and the overall likely cost. This enabled the person to be as independent as possible because they were able to make arrangements to enjoy their evening while remaining within their budget. A person said, "The staff do lots and lots for me but they're not bossy and I can still do things in my own way."

Staff were confident that they could support people who had special communication needs. We saw that staff knew how to relate to people who expressed themselves using sounds, signs and gestures to add meaning to the single words and short sentences that they preferred to use. For example, we observed how staff knew how to respond to a person who indicated that they wanted to go to their bedroom to fetch a drawing they were preparing. The member of staff understood the signs they were using. The person began by pointing in the direction of their bedroom and then moved their hand as if they were drawing. The member of staff then went with the person to collect the items and shortly afterwards we saw them return to the lounge holding the drawing, smiling and giving a 'thumbs up' sign.

In addition we noted that when staff had sufficient time, they were able to effectively support people who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that the person was becoming anxious about the number of people who were gathered in a hallway shortly before most of them were due to go out to visit a local place of interest. Staff quickly responded to this by suggesting that the person enjoy some quiet time in another room while they waited for everyone to finish getting ready to leave. Soon after this event we saw the person relaxing in the quieter surroundings of the lounge before joining the rest of the group to walk to the car park where the service's vehicle was kept.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. For example, arrangements could be made to meet people's spiritual needs including supporting them to attend religious ceremonies. The registered manager said that suitable arrangements would be made if someone who lived in the service wished to have their cultural heritage celebrated. The examples they gave included ensuring that someone was offered food that reflected their background.

Records showed that staff had supported people to pursue their interests and hobbies by supporting them to enjoy a range of occupational and social activities. We saw that people had been assisted to consider undertaking voluntary work. In addition, people had been supported to participate in a range of recreational activities such as bowling, going to the cinema and having meals out. A relative said, "I think that my family member does have a very full life in the service. Whenever I telephone they always seem to be out and about doing this or that. They're certainly not hanging around at home too much."

People said and showed us by their confident manner that they would be willing to let staff know if they were not happy about something. We saw that people had been given a user-friendly complaints procedure that used colourful pictures and drawings to explain their right to make a complaint. We also noted that the registered persons had a procedure which helped to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had received one formal complaint in the 12 months preceding our inspection. We noted that the complaint had been properly investigated and that an informative reply had been sent to the person who had raised the concern. A relative said, "I've not even come close to complaining because the staff are so approachable and helpful that minor issues get sorted out straight away."

Is the service well-led?

Our findings

Records showed that the registered manager had regularly completed quality checks. We saw that the checks included making sure that care was being consistently provided in the right way, medicines were safely managed and staff received all of the support they needed.

However, we found that some of these checks were not being completed in a robust way and so had not clearly identified and quickly resolved the shortfalls we have identified in our report. These included the problems we have noted in relation to adequacy of staffing levels, assuring people were following a balanced diet and the way in people were assisted to dine in a dignified way.

We also noted that quality checks had not effectively identified and resolved a significant number of defects in the building and accommodation. For example, on the outside of the building we saw that in a number of places the paint on woodwork in a number of places was discoloured or peeling off. We noted that a window was broken and boxed in with plywood and we also noted that there was a collection of discarded furniture scattered about by the rubbish bins. In one of the bathrooms an area of the wall was just bare plaster, on another wall the decorative finish was scuffed and holed, the floor was badly stained, the sides of the bath were damaged and the seal on the shower tray was perished. Another example was one of the toilets where we found there to be an unsealed hole in the wall around the waste pipe and where again the floor was stained. Although some of these problems had been noted for action in the maintenance log others had not been identified. We found that even when a problem had been noted there was often no evidence to show that a clear timescale had been adopted to resolve it.

Shortfalls in the systems used to assure the quality of the care and facilities provided in the service had reduced the registered persons' ability to ensure that people consistently receive assistance that met their needs and wishes.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived in the service said and showed us that they were asked for their views about their home as part of everyday life. For example, we saw a member of staff discussing with people possible destinations for trips out so that people could choose where to go. In addition, we noted that people were regularly invited to attend house meetings where they could speak with staff about how well the service was meeting their needs. We saw that staff had acted upon suggested improvements an example being the way in which the dining room had been redecorated in the style of a village public house.

Records showed that staff had kept in touch with relatives and health and social care professionals to let them know about developments in the service and to ask for their suggestions. A relative said, "The manager and staff are very good about keeping in touch with me and if I have a suggestion they listen and it's not just ignored." In addition, we noted that relatives had been invited to complete an annual quality questionnaire to give their views about the service. We examined the results of the most recent questionnaires and noted

that relatives had expressed a high level of satisfaction with the service.

People said and showed us that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. We noted that the registered manager had a very detailed knowledge of the care each person was receiving. In addition, they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was always a nurse in charge of each shift and during the evenings, nights and weekends there was always a senior manager on call if staff needed advice. Staff said and records confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to support people in a responsive and effective way.

We found that there was an open and inclusive approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns about a colleague. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

We saw that the registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved staff being briefed about an annual regional event that is specifically designed to enable people with a learning disability to compete in sporting activities. We noted that a number of people had participated in the most recent event and one person enthusiastically told us how much they had enjoyed taking part. People's attendance at the event reflected current good practice guidance because they had been supported to manage and enjoy the experience of being in a new setting.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had not protected people who lived in the service against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of the service provided.