

# CareTech Community Services Limited

## Normandy House

### Inspection report

2 Laser Close  
Shenley Lodge  
Milton Keynes  
MK5 7AZ  
Tel: 01908 673974

Date of inspection visit: 19 March 2015  
Date of publication: 23/04/2015

#### 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

Normandy House is a care home that provides personal care and accommodation for up to six people who have learning disabilities. The home is located in a residential area of Milton Keynes.

The inspection took place on 19 March 2015.

There was no registered manager in post during our visit; however the service has a manager who is in the process of registering with the Care Quality Commission (CQC). 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.

People felt safe and were protected by staff providing their care.

Staff were knowledgeable about the risks of abuse and there were suitable systems in place for recording, reporting and investigating incidents.

# Summary of findings

However, risks to people's safety had been not been assessed and staff had no written guidance to protect and promote people's safety.

Staff numbers were based upon the amount of care that people required, in conjunction with their assessed dependency levels.

Standard recruitment policies and procedures were followed.

Systems and processes in place for the administration, storage and recording of medicines were not always adequate.

People were not always supported by staff that had been provided with appropriate knowledge and skills to carry out their roles and responsibilities. Although staff received support, the manager who was new in post, had not been able to undertake formal supervision for staff.

Staff knew how to protect people who were unable to make decisions for themselves. There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's nutritional needs had been assessed and they were satisfied with the support they received with their meals and drinks.

People's physical health was monitored including health conditions and symptoms, so that appropriate referrals to health professionals could be made.

People had good relationships with staff and were happy with the support they received from them.

Staff enabled people to make choices about their care and daily lives and understood how to respect their privacy and dignity.

People were not always involved in maintaining and updating their care plans. Although staff documented their actions on a daily basis, records were not always accurate and reflective of people's current needs.

The service had an effective complaints procedure in place. Staff were responsive to people's concerns and when issues were raised these were acted upon promptly.

The provider had internal systems in place to monitor the quality and safety of the service but these were not always used as effectively as they could have been.

We found the service was in breach of two of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# 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.

Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare.

There were no risk management plans in place to promote people's safety

Safe recruitment procedures were in place and staff rotas were organised to ensure people received support which met their needs.

There were systems in place in respect of medicines but these were not always robust in ensuring that people's medicines were managed safely.

Requires improvement



### Is the service effective?

The service was not always effective.

Staff demonstrated some understanding of people's needs. However, some care workers lacked specific knowledge of some people's complex needs.

People's consent to care and support was sought in line with current legislation. Where people were not able to make decisions about their care, decisions were made in their best interest.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

Requires improvement



### Is the service caring?

The service was caring.

Staff supported people to develop positive and caring relationships.

People were supported by staff to express their views and be involved in making decisions about their care and support needs.

Staff were respectful to people and were mindful of people's privacy and dignity when supporting them with their care needs.

Good



### Is the service responsive?

The service was not always responsive.

People's needs were not assessed or reviewed on a regular basis. Care plans were not always reflective of people's current needs and requirements.

People participated in activities based upon their personal preferences.

Requires improvement



# Summary of findings

It was not evident how people with complex needs were routinely encouraged and supported by the use of a variety of tools and aids to raise concerns about the quality of service.

## Is the service well-led?

The service was not always well-led.

Records were not consistently well maintained in order to prevent people from the risks of unsafe care.

The service did not have a registered manager in place and had suffered from a consistent leadership.

Staff told us that they were listened to and felt able to raise any concerns or questions that they had about the service, especially since the new manager had come into post.

Systems were in place to monitor the quality of the service provided to people but action was not always taken to make improvements when needed.

**Requires improvement**



# Normandy House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 March 2015 and was unannounced.

The inspection was undertaken by one inspector.

Prior to this inspection we received some information of concern. We checked the information we held about the service and the provider and saw that some recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals

had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We contacted the local authority that commissioned the service to obtain their views.

We spoke with 3 people and observed three others, in order to gain their views about the quality of the service provided. Some people communicated with us by gestures and facial expressions or spoke a few words, rather than by fluent speech. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with three care staff and the manager, who was new in post, to determine whether the service had robust quality systems in place. We reviewed the care records of all six people who used the service to determine if they met their care needs and the recruitment and training records of five members of staff.

# Is the service safe?

## Our findings

Where people were at risk of harm, risk management plans were not put in place to promote their safety. The people we spoke with were not aware if they had been risk assessed, but staff and the manager informed us that there were no risk assessments to guide staff to protect and safely support people. The six care records we reviewed confirmed this to be the case; there were no available risk assessments for people who were at risk of falls, poor mobility, malnutrition and pressure damage. Although the care and support plans incorporated a small section, marked as 'alert', this was designed to draw staff's attention to potential risk factors. It did not offer a robust guide to maintaining people's safety.

One member of staff said that where people were at risk of harm, they understood the risks that people faced and knew what to do to promote their safety. They confirmed that this was more to do with their practical experience of supporting people, than because of the paperwork in place. One person, who had been deemed at risk of malnutrition in January 2014, had not been reassessed for possible risk factors. Staff told us they had been aware of the potential for further weight loss and had worked hard to ensure that this did not take place. We were told about one person, who exhibited behaviour which could challenge. We found that their actions impacted upon other people, and created increased levels of anxiety, which meant that some people chose to remain in their rooms at times. Staff and the manager confirmed that risk assessments were not completed, which meant that they could not effectively monitor changes to people's conditions and that people may not always receive appropriate care that was reflective of their true needs.

We also found the service had no current plans in place for actions to take in emergencies, such as during a fire. Although each person had a specific Personal Emergency Evacuation Plan (PEEP), this did not record their current individual needs, such as mobility issues and action to take to support that person. We confirmed with staff that they knew the correct actions to take should this be required in the event of an emergency. The manager was aware that this information was vastly outdated and advised us they would look to update these immediately.

We found that the registered person had not protected people against the risk of unsafe care and treatment. This

was in breach of regulation 9(1) (b) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(1) (2) (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the service had contingency plans in place for flooding, severe weather, major fire, loss of electricity and gas leak, the manager told us that these required updating. We saw that there were contact details of emergency telephone numbers displayed in the service which were accessible to staff should they be required.

People told us that they felt safe living in the home and knew who to speak with if they had a concern about their welfare. One person said, "Yes, I know I am safe. They really look after me."

The manager and staff worked hard to ensure that there were effective systems in place to keep people safe. Staff were able to give us some examples of what they considered to be abuse, and told us how they would respond to allegations or incidents of abuse. One told us, "I have used the system before and I would use it again, we are here for the people we care for. We have to protect them." Staff demonstrated that they understood the lines of reporting within the organisation, and were confident that any allegations would be fully investigated. People's care records showed that safeguarding concerns had been referred to the local authority for investigation when required.

Safeguarding policies were displayed at the service and was accessible to people and their relatives. They contained contact details for the local authority and were in a format that people could understand. There were systems in place to protect people from abuse and to keep them free from harm.

Staff took appropriate action following incidents. We found that incidents were recorded and where appropriate reported to organisations including CQC and local authorities. Action had been taken by staff to minimise the risk of incidents happening again. For example, extra checks of medicines were carried out following incidents with regard to the management of medicines.

Systems were in place to support people in the management of their money. We found that people's

## Is the service safe?

income and expenditure were recorded and receipts were obtained when people bought items. Records showed that checks of people's monies had been carried out by the manager and by representatives of the provider.

A person who used the service told us they thought there was enough staff on duty. We were told, "Oh yes, I think there are enough of them. We get to do what we want to." Both staff and the manager told us that they knew the service needed more staff but that on a daily basis, there was sufficient staff on duty to enable people to undertake their assessed activities. We were told that the service was currently covering 119 hours per week, with bank staff. The manager told us that 'bank' staff employed by the organisation could be called at short notice when needed. Records confirmed staff replacements were provided when permanent staff were unavailable due to training or other reasons.

During the inspection there was sufficient staff on duty to meet people's care needs, and to enable some people to go out to the day centre or to visit family members. The number of staff on duty for each shift was clearly detailed on the staff rota which was prepared in advance. Rotas' evidenced that there was a 2:1 ratio of staff to people, with two waking night staff employed ensuring that waking staff were available throughout a 24 hour period. Staffing levels were reviewed regularly and adjusted when people's needs changed. Staff numbers were based upon people's dependency levels and were reviewed on a monthly basis. The numbers of staff were sufficient to meet people's needs.

Staff underwent a robust recruitment process before they started to work at the home. We found that the provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary vetting

checks had been carried out through the Government Home Office and Disclosure and Barring Service (DBS.) We reviewed staff records and found that they included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Staff recruitment was managed safely and effectively.

People told us they received their medicines on time and were supported by staff to take their medicines safely. One said, "My medicines are kept in my room, they give them to me when I need them." Staff told us that they knew the systems in place for medicines required some improvements and the manager confirmed this. They told us they were aware that the systems in place needed to be reviewed and updated and that when they had commenced employment at the service, the systems in place were not robust. They had taken action to make improvements and we found that medicines were now stored more safely and securely.

Staff told us that they administered medication to people in accordance with their prescription. One said, "It is important that we make sure people have their medicines on time, to keep them well." However, the manager told us that some of the charts for the application of topical creams, kept in individual medication files had gaps. For example, one person should have had topical cream applied every two days. We found there were gaps within the records so no evidence of the cream being applied. We also found that not all staff had been trained in the safe administration of a specific medication used to control seizures. We discussed this with the manager who informed us that they were seeking to obtain training on the administration of this medication and that if required, staff had been instructed to obtain emergency intervention in the meantime, to ensure people were kept safe.

# Is the service effective?

## Our findings

Prior to this inspection, we received information of concern relating to the competency of staff and their knowledge and skills. Most people living in the home were unable to tell us whether they felt that staff had the appropriate knowledge and skills to provide them with what they wanted and needed. However, one person told us, “Staff know what they are doing.”

Staff told us they had received training on a variety of topics. They said that generally they received the appropriate training to perform their roles and meet people’s needs. One staff member said, “The training is ok, some of it is done through e-learning and some is face to face, which is much better as you learn more.” Staff had received on-going training in a variety of subjects that included manual handling, infection control and safeguarding adults and some staff had also received more specialist training relevant to people’s specific needs. This included diabetes, epilepsy awareness and Percutaneous Endoscopic Gastrostomy (PEG) tube feeding.

The registered manager told us that the provider had acknowledged that there was room for improvement within staff training. We were told that the required specialist training for staff was manual handling, PEG feed and epilepsy, dysphasia and dementia awareness. We saw records which confirmed that 83% of staff had undertaken moving and handling and 70% had epilepsy including the administration of rescue medication. The registered manager acknowledged that the service needed to have more medication trained staff and that all staff must be able to administer rescue medication, including night staff. We identified that some of these gaps in training meant that staff were monitoring certain areas, for example, bowel movements, without fully understanding the rationale behind this. Staff were therefore not always able to understand the practical application of the knowledge they had, so that people received appropriate care.

New staff were required to complete induction training and work alongside an experienced care worker until their practice was assessed as competent. Staff explained that this was beneficial in giving them experience of the work they would go on to do and helped them to understand people’s needs and to get to know them before they began to work independently. All new staff received induction

training, which included training on health and safety, fire safety, moving and handling and safeguarding, along with relevant training to ensure that they could meet people’s assessed needs.

There had been no formal supervisions completed since the new manager commenced post three months ago. Despite this, staff generally felt well supported by the manager and found them to be supportive of any training and development needs, and helpful with any areas of concern. We discussed the lack of supervisions with the manager and were told that they hoped to implement a schedule so that all staff received supervision in the near future. This would then be built on and become part of the normal working regime.

The service ensured that people’s consent to care and support was sought in line with current legislation. People confirmed that consent was obtained regarding decisions relating to their care and support. One person said, “They always ask me if they can help and what I want to do.” Staff told us that they obtained people’s consent before assisting them with care and support. We observed this in practice on the day of our inspection, with one staff member asking a person if we could review their medicines. Staff were able to explain how they made decisions in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They had a good understanding of the MCA and described how they supported people to make decisions that were in their best interests and ensured their safety. We saw examples of where people’s capacity had been assessed and found that appropriate documentation was in place. The manager told us that people in the service were subject to DoLS authorisation and we found that the records confirmed this.

People were regularly offered food and drinks and told us that if they were hungry they could get snacks in between meal times. One person told us, “The food is good here; I get lots of choice and always enjoy it.” Staff understood that that it was important to ensure that people received adequate nutritional intake. People were supported to eat snacks if they wanted them, although staff told us they would always ensure that people were supported to maintain a healthy dietary intake. Menus were planned in advance over a four week period and staff told us that a different meal was available for people every day. People were encouraged to select their choice of meal with staff



## Is the service effective?

and if they did not want what was on offer, a range of alternatives were available. The menu was displayed on notice boards with other notices and information. It included varied meals and was in picture format to make it accessible for people.

People had access to health services and their care and support was managed well by staff when they accessed other services, such as the local hospital, optician or dentist. One person told us, “My key worker comes with me when I go to the doctor.” Staff were knowledgeable about

people’s health needs and demonstrated this through our discussions. One member of staff said, “If people need to go to an appointment or see the doctor, then we would always help.” The care plans we looked at showed that people had attended hospital and GP appointments and had received visits from a range of professionals, including a community learning disability nurse, social worker or dietician. People received on-going support from healthcare professionals in line with their needs.

# Is the service caring?

## Our findings

Positive and caring relationships were developed with people who used the service. People were happy with the care and support provided and felt that staff were kind and caring. One person said, “I get on really well with the staff, they all look after me.” This person went on to tell us how they had a new keyworker, who they met with to discuss things. They told us, “I really like them; they are nice and listen to me.” Another person gave us the thumbs up sign when we asked if they were happy.

There was a homely atmosphere in the service and it was apparent that people felt like it was their home. They had the freedom to go where they liked in the service and were relaxed in the presence of staff. On arrival one person was pleased to welcome us into the service; they smiled and gave us a hug. The same person was very tactile and obviously gained reassurance from being close to staff, who reacted positively to hugs, returning them and engaging in jovial banter. Support was provided in a kind and calm way and people were open and trusting of them and sharing a laugh and a joke. One staff member said, “We want them to have the best that they can, we are here for them.” Our observations demonstrated that staff had positive relationships with the people they supported.

One person we spoke with knew that they had a care plan as they had seen staff writing notes on a daily basis. Staff told us it was important to write in the daily notes in real time, so that they remained an accurate record of anything that had taken place. We observed them spending time with people when writing records, so that they could communicate with people and ensure they captured correct information, for example about what people had eaten. People’s care plans contained information that was person centred and included details about the person’s background, their preferences, what was important to them and how they wanted to be supported. The manager told us about their plans to ensure that all the people living in the home had a summary of their care plan in a format that they could understand, including people with communication and sensory needs.

The manager told us that they had recently reviewed the key worker role for staff and allocated staff to people, based upon making sure that people got the right level of support and care. People appeared happy with the allocations and staff told us that they used ‘My Talk Time’

records to detail monthly key worker sessions. These records included information about activities people wanted to do such as shopping, any worries they had or complaints they wished to make.

People were involved in the planning of their care. We observed that one person met with staff to talk about their care and what they wanted to achieve over the week. This made them feel involved in their care and empowered them to make independent decisions about their care. People told us that staff responded swiftly to their needs when they changed and always made sure that care was person centred, according to their needs.

People were supported by family, friends and others important to them. A person who used the service told us that they regularly visited their family. On the day of our inspection they were due to go and spend time with their family, which staff supported them to do. They told us, “I really enjoy seeing my [family member]. Staff always help me.”

Care staff were happy in their roles and worked hard to ensure that people received the care they needed. One said, “I wouldn’t come to work if I wasn’t prepared to give good care, that’s what it is all about.” Our observations throughout the day demonstrated that staff provided the people who used the service with kind and compassionate care. People were enabled to build meaningful and caring relationships with the staff.

During our inspection we saw that both people and staff went to the manager for help and advice. People were listened to and the manager demonstrated that they treated people with respect and understood their individual needs and preferences.

People were treated with dignity and respect. People told us that the way in which staff talked to them, made them feel they were respected and ensured their dignity was maintained. Staff had a clear understanding of the role they played to make sure this was respected. One said, “I would be expect to be treated with dignity, so why shouldn’t they.” They explained how they knocked on people’s doors before entering their bedrooms and always supported them in a private area, for example, their bedroom. Throughout the inspection people’s privacy and dignity were respected. We saw that staff knocked on people’s bedroom doors and closed bedroom and bathroom doors when assisting people with their personal care.

## Is the service caring?

Relatives were involved in the care of people and acted on their behalf. Access to advocacy services was however available to people if this was needed and information was accessible for staff on how to obtain this.

# Is the service responsive?

## Our findings

People were not aware if an assessment of their needs had been carried out before they came to stay in the home. However, staff confirmed that any new admission was always assessed to determine if their needs could be met and whether they would be suitable with the mix of current people within the service. Information obtained from the pre-admission assessment and reports from other professionals had been used to develop each person's care plan. People and their relatives, had provided information about themselves so that staff would know how to support them. We found that people received care and support from staff which took account of their wishes and preferences.

People had been asked about their individual preferences and interests and whether any improvements could be made to the delivery of care. Staff ensured they were content with the care they received, through regular key worker sessions with them, resident meetings and general conversations. They took time to talk with people about what they wanted and what their individual needs were. Staff and the manager understood what people liked and enjoyed and were all able to tell us about people's specific care needs. People's needs had been assessed with their interests at heart, and where appropriate, involved relatives or advocates to ensure that care was individualised.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately but could be more streamlined. We looked at care plans for six people and saw they contained information about people's health and social care needs, in an easy read, pictorial format. The plans were individualised and relevant to each person. They were clearly set out and contained relevant information. There were clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines. It was not however clear if people, and where appropriate, their family were involved in writing the care plans to make sure their views were also represented.

Staff told us that people's needs were reviewed and changes should be reflected in their care records. However, the records we reviewed had not been updated since they

were created, some ranging back to 2013. The manager was aware that this was an issue and that; as a result the records may not always be reflective of people's individual and current needs. Staff told us that they knew what people's needs were because of the hands on support they provided on a regular basis. This did not always mean that appropriate care was however provided. For example, one person had previously liked looking at family photographs, and this was documented within their care and support plan. Staff confirmed that this did not happen, although it should. Care was not always provided in line with people's assessed and required needs.

Staff kept daily progress notes about each person which enabled them to record what people had done and meant there was an easy way to monitor their health and well-being. One told us, "It is important that we record accurate information so that we can respond to changes if we need to." Despite this, we found that plans of care were not adjusted to make sure support was arranged in line with people's up to date needs and preferences.

People told us they had access to a range of activities which suited their individual interests. One person attended a day centre on the day of our inspection and another person went horse riding. Each person had an individual activity schedule and we found that these included access to additional activities in the evenings and weekends. Options included cinema visits, theatre trips and social clubs. One person enjoyed going to the local disco and staff supported them to do this.

The manager told us that resident's meetings took place. Topics discussed included the home and food. However, minutes of these meetings only included feedback from people who could speak. There was no indication that people who were unable to speak had been supported by staff to express their views by the use of tools such as; pictures, key words to participate in these meetings and provide feedback about the service.

We saw that the home had a complaints procedure which was available in the home and in the service user guide. One person told us that they would speak to staff if they had a worry or a concern. We were told by staff and the manager that there had been no recent complaints from people. Staff supported people to raise concerns if they had any and we found information in people's rooms that explained how they could complain and who they could talk to. There was an effective complaints system in place

## Is the service responsive?

that enabled improvements to be made and the registered manager responded appropriately to complaints. At the time of our inspection people told us they had nothing they needed to complain about. The complaints log showed that complaints were responded to appropriately and in a

timely manner. The manager confirmed that it was their intention that action was taken to address issues raised and to learn lessons so that the level of service could be improved.

# Is the service well-led?

## Our findings

During our discussions with staff and the manager it was apparent that there were issues in respect of the updating of care records so that they were reflective of people's current needs. We spoke with staff about the care of one person; they were able to tell us about the care they provided because they had become accustomed to it through providing it on a daily basis. Staff told us that they relied on the information provided by local authority assessments and people's pre-admission assessments, to care for people in conjunction with their practical knowledge. We found that although the service reacted to changes in people's needs, the care documentation we looked at had not always been consistently completed.

Some people had care plans that detailed their care needs but had not been reviewed for some months. None of the six people living in the service had risk assessments in place, while other people had little or no care documentation in place in respect of behavioural challenges which they may present. The information staff relied upon to deliver appropriate care to meet people's needs was not always current. We discussed this with the manager who advised that they knew that care records needed to be updated but said they had not had the time to do this since commencing their new post.

Staff told us that under the previous registered manager, it was not their role to keep people's records up to date and our observations confirmed this to be the case, where we found a number of discrepancies. For example, for one person who suffered with seizures, there was no record of the last time they had experienced one. We discussed this with the manager who told us that there was a lack of audits in respect of care provision; for example, monitoring of care plans. They had recently implemented a system whereby care plans would be updated and monitored by people's keyworkers. These omissions may have proved detrimental to people and the care they received.

Although there were arrangements in place to complete regular checks of the systems within the home and to monitor the quality of the service, we found that audits had not been completed since November/ December 2014. We asked the manager to provide us with any evidence of other audits undertaken in order to check the quality of service and people's satisfaction with other aspects of the service. It was apparent that more regular and robust

auditing would have identified the breach of regulation that we found; such care plans and risk assessments that had not been updated so that staff did not have appropriate written guidance to follow when delivering care.

We found that the registered person had not protected people against the risk of unsafe care through the maintenance of an accurate and complete record of care and treatment. This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they had the opportunity to attend staff meetings. We saw that medicines management and administration and safeguarding people had been discussed in a recent staff meeting. Staff told us that they felt listened to and able to raise issues about the service with the staff team including the new manager. We were told, "We all get on well and do what is needed."

The service was led by a manager who was new in post and further support was given by the provider and management staff within the wider organisation. Staff told us that the manager was approachable and competent and had the right skills to fulfil the role. We observed staff asking questions of the manager during the day and being given constructive support.

During our inspection we saw there was an open culture within the home. Staff found the staff team were close and worked well together, all having a common goal. We found that all staff made themselves accessible to people and each other, so that any issues could be dealt with promptly.

Staff told us that meetings were held regularly and we saw the minutes for a recent meeting which covered individuals and any concerns about them, training and development and ideas in respect of service improvement. Staff confirmed that meetings were an opportunity to raise ideas. They believed their opinions were listened to and ideas and suggestions taken into account when planning people's care and support. Staff felt able to challenge ideas when they did not agree with these, especially since the new manager had come into place.

Any accident or injury was documented so that appropriate action could be taken. Systems were in place for recording accidents and incidents and we found that these were

## Is the service well-led?

linked to people's individual care plans. There was a clear record of any incidents that had occurred and these were properly recorded and analysed to identify any patterns within the service.

## 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	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>(1) The registered person failed to take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of-</p> <p>(b) The planning and delivery of care and, where appropriate, treatment in such a way as to-</p> <p>(ii) Ensure the safety and welfare of the service user.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>The registered person failed to ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of-</p> <p>(a) An accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user.</p>