

Pathways Care Group Limited

Stanway Villa

Inspection report

9 Nursery Close
Stanway
Colchester
Essex
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Tel: 01206769400

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Stanway Villa is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Stanway Villa accommodates up to eight adults who have a learning disability, who may also have an autistic spectrum disorder and a physical disability. Stanway Villa is a large detached single storey house situated in Colchester and close to all amenities. The premises provides each person using the service with their own individual bedroom and adequate communal facilities for people to make use of within the service.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection on 31 July 2015, the service was rated 'Good'. At this inspection we found the service was now rated overall 'Requires Improvement'. This is the first time the service has been rated 'Requires Improvement'.

This inspection was completed on 18 May 2018 and there were eight people living at Stanway Villa.

A registered manager was in post. 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.

Improvements were required to the service's governance arrangements to assess and monitor the quality of the service. These arrangements had not identified the issues we found during our inspection. The registered provider lacked oversight as to what was happening within the service required improvements. They had not provided suitable support to the registered manager to ensure compliance with regulatory requirements and the fundamental standards. Actions to address matters relating to the service's premises [window frames] remained outstanding and we were concerned about the security of the service.

Improvements were required to the recruitment practices at the service to ensure these were robust. There was limited evidence to show staff employed at the service had received and completed training. Improvements were required to ensure newly employed staff received a robust induction and staff received formal supervision and an annual appraisal.

People were protected from abuse and people living at the service indicated they were safe and had no

concerns about their safety and wellbeing. Policies and procedures were being followed by staff to safeguard people living at the service. People received their prescribed medication as they should. The majority of risks to people were identified and managed to prevent people from receiving unsafe care and support. Staffing levels and the deployment of staff was suitable to meet people's needs. People were protected by the registered provider's arrangements for the prevention and control of infection.

Staff understood and had a good knowledge of the key requirements of the Mental Capacity Act [2005] but required a better understanding of the Deprivation of Liberty Safeguards. Suitable arrangements were in place to ensure that people's rights and liberties were not restricted and people's capacity to make day-to-day decisions had been considered and assessed.

People were treated with kindness, dignity and respect. People received a good level of care and support that met their needs and they were supported to be as independent as possible. Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. Staff had a good knowledge and understanding of people's specific care and support needs, and how they wished to be cared for and supported. Social activities were available for people to enjoy and experience both 'in house' and within the local community.

People's nutritional and hydration needs were met and they received appropriate healthcare support when required from a variety of healthcare professionals and services. The service worked together with other organisations to ensure people received coordinated care and support. Suitable arrangements were in place to support people who required end of life and palliative care.

Information about how to make a complaint was available. People confirmed they knew how to make a complaint or raise concerns.

We have made a recommendation about the security of the premises and ensuring areas for improvement are addressed and actioned in a timely manner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Improvements were required to ensure recruitment checks for staff were robust.

Improvements were needed to ensure the premises were secure and actions completed in a timely manner to maintain the premises.

Medication arrangements were safe and ensured people received their prescribed medication as they should.

The deployment of staff was suitable to meet people's care and support needs.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were needed to ensure staff received appropriate training, a robust induction and the opportunity for formal supervision including an annual appraisal.

Suitable arrangements were in place to meet people's nutritional, hydration and healthcare needs.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and how to apply these principles. Improvements were required in relation to staff's understanding of Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People and relatives were positive about the care and support provided by staff. People told us staff were nice and their needs were met.

Staff demonstrated a good understanding and awareness of how to support people to maintain their dignity and independence

and how to treat people with respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided sufficient detail about a person's care and support needs and how this was to be delivered by staff.

People who used the service were engaged in social activities that suited their needs and interests.

Appropriate arrangements were in place for people to give their views and to raise concerns or complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Improvements were required to ensure quality assurance arrangements at the service were improved, particularly as the registered provider's oversight of the service and what was happening was not robust.

The service involved people in a meaningful way and worked in partnership with other agencies.

Stanway Villa

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 18 May 2018 and was unannounced. The inspection was undertaken by one inspector.

The registered provider sent us their 'Provider Information Return' [PIR] on 4 August 2017. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We have not used this information as it was submitted nine months previously and the information may no longer be reliable and up-to-date. We reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We used the Short Observational Framework for inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people living at the service, two people's relatives, two members of staff and the registered manager. We reviewed three people's care files and five staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaints records.

Is the service safe?

Our findings

Staff recruitment records showed improvements were required to ensure robust checks were carried out before a new member of staff started working at the service. Although the prospective applicants had completed an application form and a full employment history had been gained, the dates detailing when employment commenced and ended was not always recorded. This made it difficult to determine if there were gaps in staff's employment. Not all references had been obtained in writing, one member of staff's reference was not from their most recent employer and only one reference was available for another member of staff. The latter was discussed with the registered manager and they told us all efforts were made to obtain the reference but had proved unsuccessful. We found one member of staff had been employed prior to a Disclosure and Barring Service [DBS] certificate being obtained. A DBS 'Adult First Check' had not been undertaken. This check is undertaken so that an employee is permitted to commence work before a DBS certificate has been obtained. Additionally, there was no evidence to show the above decision to commence employment prior to a DBS certificate being received had been risk assessed. No rationale was provided for these omissions.

A written record was not completed or retained to demonstrate the discussion had as part of the interview process and the rationale for staff's appointment. The registered manager told us they made a 'mental note' of the applicant's response when questioned. This showed robust measures had not been undertaken to retain information recorded to enable the registered provider's representative to make an initial assessment as to the applicant's relevant skills, competence and experience for the role and; to narrow down whether or not they were suitable for the role.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not all areas of the home environment were safe or well maintained and improvements were required. Although Stanway Villa is a large detached single storey house, on the day of inspection as the weather was warm, the windows to the front and side elevation of the property were left open to ventilate and cool people's rooms. No window restrictors were in place and we were concerned about the potential security risk this posed, namely others not authorised could enter the premises undetected. Additionally, there was no fence or gate to discourage people from accessing the garden and side elevation of the property. Furthermore, several wooden window frames were rotten and required replacing; and one person's bathroom window could not be closed properly. The registered manager told us, despite this being discussed with the registered provider since 2014 and quotes obtained; this problem remained outstanding and had not been addressed.

We recommend the service seek advice and guidance to maintain the security of the premises and to ensure it is properly maintained.

People using the service were supported to express concerns about their safety and welfare to staff. Two safeguarding concerns had been highlighted since our last inspection to the service in October 2015.

However, where allegations about a member of staff's conduct had been raised and an internal investigation completed by another manager, a report detailing the findings and how the outcome had been determined was not completed. This meant we could not be assured appropriate systems were established and operated effectively to investigate allegations of abuse. Following the inspection the registered provider forwarded a log of events related to the above.

Staff were able to demonstrate satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the registered provider, registered manager and external agencies. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse and were aware of the registered provider's whistle blowing procedures.

Suitable arrangements were in place to manage risk. Risk assessments were in place and information recorded within people's care plans identified the majority of risks associated with people's care and support needs and how to alleviate them. For example, these related to the risks involved in relation to people's mobility, manual handling needs and where they were at risk of choking. The registered manager was advised to complete a risk assessment for one person who had bedrails in place and for two people who accessed the local community independently. The registered manager provided an assurance to complete these without delay.

Environmental risks for the service were viewed, particularly those relating to the service's fire arrangements. The registered manager demonstrated an awareness of their legal duties with respect to fire safety and confirmed appropriate fire detection; warning systems and fire fighting equipment were in place and checked to ensure they remained effective. Specific information relating to people's individual Personal Emergency Evacuation Plans (PEEP) had been completed. This is a bespoke plan intended to identify those who are not able to evacuate or reach a place of safety unaided in the event of an emergency. However, the majority of staff employed at the service had not completed fire awareness training and although some members of staff had participated in fire drills within the last 12 months, this did not include night staff. Both areas for improvement were discussed with the registered manager and an assurance provided these would be actioned following involvement of the person responsible for implementing staff training within the organisation.

People told us there were always sufficient numbers of staff available to provide the support required to meet their care and support needs. Staff confirmed arrangements were always in place to maintain the service's staffing levels. Our observations showed people received care from a consistent staff team. The deployment of staff was suitable to meet people's care and support needs in line with information documented within their care plan and this included enabling and supporting people to carry out their chosen activities both 'in-house' and within the local community.

Medicines were securely stored for people using the service; however the temperature of the medication room and the fridge used to keep medicines cold were not being recorded or monitored to ensure these remained appropriate. Suitable arrangements were in place to record when medicines were received into the service, given to people and disposed of. People's medication preferences were documented so staff knew how to give medicines in a way which suited the person. No one was identified as requiring their medication to be given without their knowledge or consent. We looked at the Medication Administration Records [MAR] forms for each person and these showed they received their medication at the times they needed them and these were kept in good order. No safety concerns had been identified in relation to medicines management since our last inspection in July 2015 and there was no evidence to suggest people's behaviour was being controlled by excessive or inappropriate use of medicines.

Although staff had had their competency assessed within the last 12 months, evidence relating to four staff member's medication training was not readily available. This was discussed with the registered manager and we requested sight of these documents by Monday 21 May 2018. The training certificates were duly provided and confirmed staff had received medication training.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were maintained to a good standard. The food hygiene rating of '5' being the best had been awarded following an inspection to the service by the Local Authority. This inspection provided a snapshot of the standards of food hygiene at the time of the visit by the Local Authority to Stanway Villa.

The registered manager operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these. Though there had been no incidents or accidents since our last inspection to the service in July 2015, the registered manager provided an example whereby lessons had been learned following one person's care and support needs significantly changing and the service needing to work with healthcare professionals and services not previously collaborated with.

Is the service effective?

Our findings

The staff training matrix showed there were significant shortfalls in training for staff. For example, the training matrix indicated, out of nine members of staff [excluding the registered manager and one member of staff on maternity leave] employed at the service, between three and six members of staff only, had completed training relating to manual handling [practical], first aid, epilepsy and dementia awareness. No other evidence of training was recorded. Additionally, of five staff personnel files viewed for staff employed between 1 August 2016 and 27 January 2018, two files detailed training achieved which was not included within the staff training matrix. Though this was evident, the latter referred solely to topics completed as part of the staff member's induction [Care Certificate Standards] and is not a replacement for specific training. The registered manager confirmed they had delivered medication training to staff by means of a DVD and the completion of a questionnaire. Although the registered manager had many years' experience, they had not trained as an accredited trainer to enable them to provide and deliver staff with this training. Therefore we could not be assured that staff had been trained by a skilled and competent person.

Additionally, there was little evidence to show that staff had received specific training relating to the specialist needs of the people being supported and despite not all staff having had experience of working with this group of people, for example learning disability or autism awareness. We discussed the above with the registered manager and they told us staff were repeatedly requested and reminded to complete their online training, but for whatever reason, they had still not completed this which meant staff had not completed training required for their role. The registered manager confirmed the registered provider now had a person responsible for implementing staff training within the organisation and it was hoped that training for staff would be significantly improved in due course.

The registered manager told us staff received an induction. Staff were required to undertake and complete the online Skills for Care 'Care Certificate' induction programme where they had not attained an appropriate National Vocational Qualification [NVQ] or qualification in line with the Qualification and Credit Framework [QCF]. The Care Certificate is a work based assessment of competency and is made up of 15 minimum standards that should be covered if an employee is 'new to care'. It enables the registered provider to assess if an employee is competent in their role. Out of five staff personnel files viewed for staff employed between 1 August 2016 and 27 January 2018, two members of staff employed in August 2016 and July 2017 respectively had commenced the Skills for Care 'Care Certificate' but had not yet completed all of the standards. There was no evidence to show each standard had been assessed and one member of staff employed in January 2018 had not commenced the 'Care Certificate' despite there being no evidence to show they had completed a National Vocational Qualification [NVQ] or qualification in line with the Qualification and Credit Framework [QCF].

Staff told us they received good support from the registered manager and felt valued. However, staff had not received formal supervision in line with the registered provider's policy and procedure. Out of five staff personnel files viewed for staff employed between 1 August 2016 and 27 January 2018, four members of staff had only received one supervision since September and December 2017 respectively. One member of staff employed in January 2018 had not received supervision since the commencement of their employment. The

registered manager confirmed annual appraisal arrangements were not in place for staff. We discussed this with the registered manager. The rationale provided was in addition to their managerial role they were often 'hands on' and part of the staff roster as they needed to cover staff maternity leave, sickness and annual leave. This was further exacerbated by not having a deputy manager to delegate tasks too.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were decorated in a colour of their choice and with their personal possessions around them. People had access to comfortable communal facilities, comprising of a large lounge, conservatory and separate dining area. Adaptations and equipment were in place in order to meet people's assessed needs, for example, aids to help people to mobilise and pressure relieving equipment to help prevent the development of pressure ulcers.

Staff told us and people confirmed they were consulted by staff to plan the weekly menu and were offered the opportunity to participate with regular grocery shopping. One person told us, "The food is very good here." Another person told us, "I like the food." Our observations showed people received sufficient food and drink of their choice throughout the day and where people were capable, they were encouraged to make their own and other people's drinks. At the time of the inspection, no-one had any cultural and religious requirements relating to their nutrition and hydration needs. Where people were at nutritional risk or required support and advice from a healthcare professional, this had been sought, for example from the Speech and Language Therapy [SALT] team and NHS dietician. Our observations showed where guidance was in place by the SALT team or dietician, this was followed by staff.

Staff worked well with other organisations to ensure they delivered good joined-up care and support. The registered manager and staff team knew the people they cared for well and liaised with other organisations to ensure the person received effective person-centred care and support. This was particularly apparent where people's healthcare needs had changed and they required the support of a range of external organisation's and agencies. For example, the registered manager told us and information recorded one person's healthcare needs had significantly declined over the past 10 months. As a result of this the person now received on-going support from an Occupational Therapist and District Nurse.

People's healthcare needs were well managed. Care records showed people's healthcare needs were clearly recorded, including evidence of staff interventions and the outcomes of healthcare appointments. People had received a review of their medication. Each person had a healthcare 'grab sheet' and a hospital passport. This provided hospital staff with important information about the person at the time of their admission either to the hospital or A&E department.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had a good knowledge and understanding of MCA but improvements were required in relation to their understanding of Deprivation of Liberty Safeguards (DoLS). The registered provider had clear procedures in place for staff to follow when people were not able to make decisions about their care or treatment. These included making decisions in people's best interests on a day-to-day basis, such as providing personal care and continence management. Information available showed that each person who used the service had had their capacity to make decisions assessed. Where people were deprived of their liberty, the registered manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval. However, where these had been approved, the Care Quality Commission had not been notified. Staff were observed during the inspection to uphold people's rights to make decisions and choices about their care and support needs.

Is the service caring?

Our findings

People and those acting on their behalf told us they and their member of family were treated well by staff. One person told us, "I like the staff, they are nice". Another person told us, "The staff look after me and I like living here, it's great." Relatives confirmed they were very happy with the care and support their family member received at Stanway Villa.

Our observations showed people received person-centred care and had a good rapport and relationship with the staff who supported them, including newer members of staff employed at the service. During our inspection we saw that people and staff were relaxed in each other's company and it was clear staff knew people very well. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. People were addressed by their preferred name and staff interacted with people in a kind and considerate way, taking the time to listen to what people were saying to them. Staff confirmed no-one at the time of the inspection required specific assistive technology to help them to communicate.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives had been given the opportunity to provide feedback about the service through annual reviews and through the completion of annual questionnaires. No concerns were recorded for corrective action and comments recorded were positive. One relative wrote, '[Name of person using the service] is very contented in their home. [Name of registered manager] seems to have a knack in selecting excellent staff and we have always been very happy with the atmosphere and quiet, efficient running of the home.' Another relative commented, 'I have always been happy with the care [Name of person using the service] receives, they are always happy when I visit and the staff seem very committed to their job. Long may it continue.' The registered manager confirmed that people's relatives advocated on their behalf and at present no-one required an independent advocate. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People told us and our observations showed, people received personal care and support in a way which maintained their privacy and dignity. They suggested to us the care and support provided was delivered in the least intrusive way and were treated with respect. People were supported to be as independent as possible. The registered manager, people using the service and records confirmed, two out of eight people accessed the local community independently and used public transport, such as buses and taxis to undertake their chosen activity, for example, to attend college and go shopping. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths, for example, people were encouraged to support their own hydration needs. People ate and drank independently and attended where appropriate, to their own personal hygiene needs. Some people depending on their mood were encouraged, supported and enabled to undertake household chores, such as completing their personal laundry, cleaning and tidying their bedroom and laying the table for meals.

Is the service responsive?

Our findings

People using the service and those acting on their behalf told us they received good personalised care and support that was responsive to their needs. People's support packages were funded by the Local Authority and an initial assessment was completed by the Local Authority and together with the registered provider's assessment, this was used to inform the person's care plan. The registered manager confirmed one person had been newly admitted to the service since our inspection in 2015.

Care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff, the person's strengths, what was important to them and their personal preferences. Information available showed that people's care plans were reviewed and updated to reflect where their needs had changed. For example, one person's care plan had been updated following a significant deterioration in their healthcare needs. Staff were aware of the changes and the specific care and support to be provided to ensure the person's health and welfare.

People were able to maintain relationships that matter to them, such as with family members. The registered manager confirmed suitable arrangements were carried out to enable people to spend time with their families. Relatives confirmed that restrictions on visitors and visiting times were not imposed.

People confirmed to us they could spend their time as they wished and wanted. Suitable arrangements were in place to ensure that people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community. For example, records available evidenced people accessed the local town centre, attended social clubs, college and formal day centre arrangements and to participate in 'in-house' activities, such as, to watch a film and listen to music.

The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. This was provided in an appropriate format, for example, pictorial and 'easy read'. No complaints had been raised since our last inspection to the service in July 2015. People told us they would speak to staff if they had any worries or concerns.

Although no one living at the service was currently receiving end of life care, the registered manager told us one person had received appropriate care and support at the end of and including the last days of their life. This included working in partnership with healthcare professionals, including the local palliative care team and others.

Is the service well-led?

Our findings

A registered manager was in post and no changes to the management of the service had been made since our last inspection to the service in July 2015. Although the registered manager was 'supernumerary' to the staff roster Monday to Friday, they provided 'hands on' care and support to cover staffing shortfalls, such as when staff was on annual leave, staff sickness and unforeseen emergencies. The registered manager did not have the support of a deputy manager or senior care staff at this time.

The registered manager told us information was collected and recorded in a variety of ways to regularly assess and monitor the quality of the service provided. This included the completion of audits at regular intervals to help identify and manage risks to the quality of the service and to help drive improvement. The registered manager confirmed a report of their findings was collated and forwarded to the registered provider each week. In addition, an internal review by a representative of the organisation was completed at regular intervals, however only one visit had been reported on and completed since 19 August 2016. The rationale provided was the service had been without a regional manager for several months. The registered manager confirmed the newly appointed regional manager had conducted a recent visit to the service and was in the process of completing a report of their findings.

Quality assurance arrangements had not identified the areas for improvement we found as part of this inspection. This meant these arrangements were not as robust as they should be and improvements were required. This referred specifically to the majority of staff not having attained mandatory training or other training relating to the specialist needs of people using the service. Suitable arrangements were needed to ensure all newly appointed staff commenced a robust induction following their appointment, particularly where they did not have previous experience within a care setting or attained a National Vocational Qualification [NVQ] or qualification in line with the Qualification and Credit Framework [QCF]. Supervision and appraisal arrangements did not ensure staff received formal supervision or an appraisal of their overall performance.

Additionally, the registered provider had not made suitable provision to ensure the premises were safe, secure and well maintained and that actions had been addressed in a timely manner. It was evident the registered provider lacked oversight as to what was happening within the service to make the required improvements and had not provided suitable support to the registered manager to ensure the above arrangements were in place to achieve compliance with their own quality assurance arrangements and the fundamental standards.

Staff meetings were not undertaken at frequent intervals and when we discussed this with the registered manager they told us this was because they actively worked alongside staff and therefore had the opportunity to discuss issues with staff as matters arose. The most recent staff meeting was held in April 2018 whereby this was attended by all staff and the regional manager. Staff confirmed they received a monthly newsletter from the organisation detailing what was happening within the organisation.

Staff were complimentary about the registered manager and told us they were approachable and received

good support. Staff also told us they enjoyed working at Stanway Villa and that morale amongst the staff team was positive. The registered manager knew the people they cared for well and had a good relationship with the staff team. We saw that people using the service and staff were very comfortable with the registered manager and had a good rapport.

People, those acting on their behalf and staff had completed an annual satisfaction survey in July 2017. The results of these told us all were happy and satisfied with the overall quality of the service provided and staff enjoyed working at Stanway Villa. Comments recorded from people's relatives included, 'I feel the care provided for my [name of person using the service] has been excellent, particularly in recent times with their health difficulties. I am confident that [name of registered manager] and their team do all they can to care and protect [name of person using the service] at this challenging time in their life' and, 'As always [name of person using the service] is very happy at Stanway Villa. They seem to get on well with staff and residents and is extremely settled.'

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Improvements were required to ensure appropriate recruitment procedures were established and operated effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Improvements were required to ensure staff were appropriately trained, received a robust induction, supervision and appraisal.