

FitzRoy Support Donec Mews

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 15 and 16 June 2015 and was unannounced. Donec Mews is registered to provide accommodation and support to sixteen people with learning disabilities. At the time of the inspection there were 15 people living there. The service is divided into three houses with a communal garden.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provision of some people's care required the use of equipment, which could restrict their movement. Some

Summary of findings

people were potentially deprived of their liberty. The provider had not ensured legal requirements had been met in these situations. People's capacity to consent to these restrictions had not been taken into account.

Staff had sought people's consent in relation to the provision of their care on a day to day basis. Staff had received training in the Mental Capacity Act 2005 and best interest's decisions had been made on each person's behalf. People were supported by staff who constantly sought to support them to make day to day decisions.

People were safeguarded from the risk of abuse. Staff had responded appropriately to safeguarding incidents to protect people. The provider had made changes to people's care as a result of incidents to safeguard them.

Risks to people had been assessed. Plans were in place to manage the identified risks whilst not removing people's right to independence. Staff had access to relevant information in the event of an emergency. People's medicines were managed safely by competent staff who had undergone relevant training.

People were cared for by sufficient staff who had undergone the required legal pre-employment checks to ensure their suitability. People were supported by staff who received an induction based on the social care industry requirements. The induction also took into account the specific needs of the people cared for by the service. For example, some people experienced epilepsy or autism and training was provided in these areas as part of the induction. This ensured staff received relevant training. People were supported by staff whose work was monitored through regular supervision and annual appraisals.

People were involved in making meal choices and purchasing food. They were able to exercise choice whilst staff supported them to make healthy choices. People were provided with relevant equipment to enable them to eat more independently. Staff interacted with people at mealtimes which were sociable occasions. People were supported by staff to ensure all of their health care needs were met. Staff followed good practice and ensured people had an annual review of their health.

Staff were encouraged from the start of their induction to build positive relationships with people and to spend

time getting to know them. Staff were sensitive to people's communications and worked to support them if they showed any signs of distress. Staff recognised people's individuality and ensured this was respected.

Staff understood people's needs and how they communicated. People received appropriate support to enable them to be involved in decisions about their care. People's rights to choose how and where to spend their time were respected. Staff were sensitive to people's moods and recognised when they needed to change activity.

Staff treated people with dignity and respect at all times. They respected that they were working within the person's home. People were encouraged to be as independent as they could be. People decided who they wanted contact with and staff supported them to see people who were important to them.

People's needs were assessed before they moved into the service and consideration was given to how compatible they would be with others already living there. People's needs and preferences in relation to their care were documented. Staff supported people to attend a range of activities.

The provider sought people's views on the service in a variety of ways. Through the complaints process, people's keyworker meetings, house meetings and the quality assurance questionnaire. People were supported by staff to express their views.

The registered manager and staff had created a positive culture within the service, where people were encouraged to participate in making decisions about the service, for example recruitment. People were represented on the service user forum which had affected change in people's experience of the service. Staff practiced the provider's values. People and their support needs were central to the way care was delivered by staff.

The service was well-led by the management team. People's relatives and staff expressed their satisfaction with the management of the service. The registered manager was passionate and led the team well. They ensured they worked shifts alongside staff to provide people's support directly.

Summary of findings

Processes were in place to monitor the quality of the service people received. Where areas for improvement had been identified appropriate actions had been taken by the provider. People's records were stored securely.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014. 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 safe.

Staff had received safeguarding training and had access to relevant guidance. When safeguarding incidents had occurred they had been correctly identified, reported and acted upon.

Risks to people had been identified and managed effectively.

There were sufficient staff to meet people's needs. There were robust recruitment processes in place to ensure suitable staff were recruited to the service.

People's medicines were managed safely.

Good



Is the service effective?

The service was not always effective

The provider had not considered that some aspects of people's care were potentially restrictive. Legal requirements in these situations had not always been met.

People's consent in relation to their daily care was sought constantly by staff. Staff enabled people to understand daily decisions about their care.

Staff received a comprehensive induction to their role which provided them with the training and skills they needed to support people. Their work was regularly monitored and supervised by management to ensure people received effective care.

People were supported by staff to exercise choice over their meals. They had plenty to eat and drink whilst staff supported them to make healthy choices.

People were supported by staff to maintain good health, have access to healthcare services and receive on-going health care support.

Requires improvement



Is the service caring?

The service was caring.

People had positive and caring relationships with the staff who provided their care. Staff treated them with kindness and showed compassion and concern for their welfare.

Staff supported people to be actively involved in making decisions about their care.

Staff ensured people's privacy and dignity were respected in the way their care was provided.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People received personalised care that was tailored to their needs. The service was responsive and organised to meet people's needs.

Staff listened to people's views and responded to them on a daily basis. There were also processes and forums in place to seek their views. No complaints had been received. However, processes were in place to enable people to make complaints.

Good



Is the service well-led?

The service was well-led.

The registered manager and staff promoted a positive culture within the service. There was open communication between people, their relatives and staff. People were encouraged to participate in decisions about the service. The service was organised in order to meet people's needs and ensured they received the support they required.

The registered manager was passionate about people's care. There was a clear management structure, to ensure the delivery of people's care was provided by staff who felt well supported.

The provider had processes in place to monitor the quality of service people received. These were used to drive service improvements.

Good



Donec Mews

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15 and 16 June 2015 and was unannounced. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for a person with a learning disability.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with two people's social workers and an occupational therapist. The professionals we spoke with provided positive feedback about the service. During the inspection we spoke with seven people and three people's relatives. Not everyone was able to share with us their experiences of life at the service. Therefore we spent time observing staff interactions with them, and the care that staff provided. We spoke with five care staff, the registered manager and the deputy manager.

We reviewed records which included five people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected in October 2013 and no concerns were identified.

Is the service safe?

Our findings

All of the people we spoke with conveyed either verbally or by their body language, that they felt safe and happy at Donec Mews. One man said: “I like it all here – the bed’s comfy. The staff are nice.” Another person smiled warmly, gave the thumbs up and nodded with lots of enthusiasm when asked about how they felt about living there.

Staff we spoke with told us they had completed safeguarding training, which records confirmed. Staff were able to demonstrate their understanding of safeguarding and their role and responsibility to protect people. Staff had access to information on safeguarding.

The registered manager told us about incidents which had been referred to the local safeguarding team and of the actions taken in response to protect people. Staff were aware of these actions. There were processes in place to support people to manage their finances safely, whilst ensuring they had ready access to their money. Staff safeguarded people against the risk of abuse and took the correct actions if they suspected people were at risk of harm.

A person’s relative told us “Staff manage any risks to him.” Risks to people had been assessed in relation to areas such as mobility, bathing, transport, activities and eating and drinking. Where risks to people had been identified measures were in place to manage them. People’s care plans noted what support people needed to keep safe, for example in relation to stranger awareness. Staff understood a person was at risk of choking when eating. They ensured their food was cut up and observed them as they ate and gently reminded them not to eat too quickly. This ensured the risk of the person choking was managed.

If people displayed behaviours which may challenge staff, these were monitored and where required referred to health professionals for guidance, which was followed by staff in practice. This ensured risks to people associated with their behaviours were managed safely.

Where people experienced epilepsy they had a care plan. This described their trigger, onset pattern, type, duration and recovery pattern. People’s seizures were then documented on a chart so staff were able to monitor how often they experienced them and could contact professionals if they had concerns. Staff understood what

actions to take. Staff were observed to support a person with epilepsy who required a high level of supervision discreetly. Their epilepsy care plan was reviewed on a regular basis, and staff managed any potential risks.

One person enjoyed making cups of tea. Staff were quick to offer the right level of support, enabling the person to remain as independent as possible. But also keeping them safe around electricity and hot water. Staff balanced the need to protect the person whilst enabling them to take managed risks to promote their self-esteem.

People’s records contained an emergency grab sheet which contained key information about them in the event of an emergency, such as any allergies, any medicines and the support they required. People had personal emergency evacuation plans. These provided staff with information about how to evacuate each person in the event of an emergency. Temporary staff had access to a file in each house which provided key information about each person, safeguarding, how to manage incidents and respond to emergencies. People were kept safe as staff had access to relevant information which they could act upon if required.

People told us there were plenty of staff and they came if they needed them. The registered manager said the service had two full-time day shift vacancies and a vacancy for a waking night staff. They told us although they used temporary staff to cover the vacancies they ensured consistency in the temporary staff used. This was confirmed by the temporary staff. Staff told us there were sufficient staff to support people. At all times during the day we saw there were enough staff. This meant staff were able to respond immediately when people asked them for support. They were also able to spend time talking with people, sitting at the kitchen table, playing mini ten pin bowling, singing, having a cup of tea, and listening to what people were saying. People were supported by a sufficient level of staff to meet their needs in an unhurried manner.

Staff had undergone robust recruitment checks as part of their application for their post and these were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps

Is the service safe?

prevent unsuitable people from working with people who use care and support services. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

The registered manager told us only permanent staff were permitted to give people their medicines after they had been trained. They told us staff were observed giving medicines annually to check their competence. Records confirmed this. People had medicines risk assessments in place to manage the risks associated with the use of their medicines. People's medicine administration records (MAR's) had been correctly signed by staff to record when their medicine had been administered. When people went out for the day and took their medicines with them. There were processes for staff to document what medicines the person had taken with them and when they were returned.

Where people took medicines 'As required' there was guidance for staff about their use. These are medicines which people take only when needed. People had a protocol in place for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds. People's records provided information about what signs might indicate people were experiencing pain. This ensured staff had guidance about when to offer people these medicines. Staff gave a person their medicine. They washed their hands before they administered the medicine. They then explained to the person what they were giving them and why they needed the medicine. When the person did not want to take the medicine initially staff were patient and waited until the person was ready to accept their medicine. People's medicines were managed safely.

Is the service effective?

Our findings

Two people had bed rails and people who used wheelchairs had lap belts. Although these measures were in place to protect people, they can restrict people's freedom of movement. Providers are required to take account of the person's capacity to consent to their use. The registered manager told us they had discussed the use of bedrails with one person's relative. However this had not been documented, which would have enabled the service to demonstrate they met legal requirements. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Not everyone had the capacity to consent to receive care and treatment at the service. Some people were subject to continuous supervision. The required DoLS applications to legally authorise these measures had not been submitted for these people. This was discussed with the registered manager who immediately sought advice from the local DoLS team. The registered manager then took action to identify people for whom they should submit an application and commenced this process.

Not all people's rights were fully protected as legal requirements had not been met in relation to decisions which had the potential to restrict people's movement or deprive them of their liberty. This was a breach of Regulation 13(4)(b)(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's consent in relation to decisions about their daily care was sought constantly by staff. They asked people "Is it ok if ...?" "Would you like me to?" "Can I just help to pull your trousers up a bit please, as you might trip?" People had a decision making and capacity record. This documented how people communicated their decisions, the decisions and choices they were able to make and how staff would know they were consenting to a decision. This also documented how information should be communicated to the person, how to involve them in decisions, and people to consult about decisions made in their best interests. A person had been assessed as lacking the capacity to consent to dental treatment and a decision had been made in their best interests which involved staff, professionals and family, records confirmed this. A person's relative told us "Yes, we have been consulted about decisions that have had to be made on her behalf." Staff told us they had received training in the Mental Capacity

Act (MCA) 2005. Records confirmed this. People were supported by staff who understood the need to seek people's consent and the principles of the MCA 2005 in relation to people's daily care.

Staff told us, they had completed an induction into their role based on the Skills for Care Common Induction Standards (CIS) and records confirmed this. Skills for Care set the standards people working in adult social care need to meet before they can safely work unsupervised. The provider was reviewing their induction programme to ensure it met the requirements of the new 'Care Certificate' for social care staff. A number of the people supported by the service had a diagnosis of autism or epilepsy. They sometimes experienced behaviours which could challenge staff. The provider's induction programme included training in these areas in addition to the industry requirements. People were cared for by staff who received a comprehensive induction which encompassed relevant areas of training to their work.

Staff told us they received regular supervision sessions and an annual appraisal of their work. Records confirmed this. If staff identified a training need then arrangements were made for them to complete it. Two staff told us they had requested training in relation to a person's specific medical condition and an assisted technology course to improve their ability to communicate with people. Records confirmed this training had been arranged.

People were all very happy with the food they received, and told us they helped to prepare meals wherever possible. People's comments included "On Saturday, I can have sausage, egg, baked beans – I can choose what I like." "We are having liver and bacon – I like the chicken too."

Staff told us they showed people pictures of main meals to enable them to make choices. The weekly menus were displayed on the fridges in the kitchens, with pictures and writing. These demonstrated which person had chosen each meal. People had a separate cupboard with their own foods, as well as a communal food area for stock items. Staff involved people in the food shopping. People had a lot of choice and control over their food.

Where people required adapted crockery or cutlery to enable them to eat their meal this was provided. People, if they needed one, had an adapted beaker to enable them

Is the service effective?

to drink independently. People were not rushed during meal times and ate at their own pace. Staff chatted with people whilst they supported them. The meal was a pleasant, sociable occasion for people.

Staff were seen to work skilfully in different houses encouraging people to make a healthy choice of water, instead of a fizzy drink. Staff monitored people's weight and made prompt referrals to health professionals where required.

People had been seen by a variety of health care professionals such as the GP, dentist, optician, chiropodist,

physiotherapist, Occupational Therapist and the Speech and Language Therapist where required. One person attended a GP appointment during the inspection. Staff ensured they were prepared well for this, and supported them to attend the appointment. People had an annual health check to ensure their health was reviewed and any health care needs identified and addressed. The registered manager told us the service received good support from the community learning disability team and were able to refer people to them as required, records confirmed this. Staff ensured people's health care needs were met.

Is the service caring?

Our findings

People's relatives told us staff were caring. A person said "She's nice – she gets me a cup of tea. I am happy." Staff knew the people living at Donec Mews very well, and the atmosphere was friendly. We observed meaningful interactions not only between staff and people, but also between people. Staff cared about people and were doing whatever they could to help them have a good day.

The registered manager said during the induction process staff worked across the three houses. They were encouraged to speak with people and to get to know them and their preferences. This enabled people to build trust with the new member of staff. Staff understood what people liked to do. One person enjoyed the physical interaction as they danced and clapped with a staff member. People experienced positive relationships with staff.

Staff were sensitive to people's wishes. One person indicated they did not want the staff member to leave them so they stayed. Staff responded to people's vocalisations and facial expressions in order to communicate with them. A person was observed to exhibit signs of distress. Staff responded immediately to the person and supported them to show staff what they wanted. The person's distress was relieved quickly following staff intervention. Staff took measures to alleviate people's anxiety, by ensuring that they were not subjected to situations that would increase their stress. For example, three people enjoyed a local disco, but did not always enjoy going together. Staff said "So we make sure there are enough staff for everyone to do different things with enough support." People were supported by staff who were sensitive to their needs.

People were able to exercise choice over all aspects of their lives. For example, in terms of where and how they spent their time, including what time they got up and went to bed. Some people chose to get up early whilst others enjoyed a lie-in. Staff understood some people required more support than others to make choices and tailored their interactions accordingly. Where people had limited capacity to make choices staff offered them a range of their preferred options, for example snacks they enjoyed. At lunchtime people were individually shown the meal choices and supported to decide which crockery and cups they preferred. People were constantly being given choices, consulted and involved in decisions about their daily lives.

Staff gave people time to communicate their wishes and did not rush them. Staff respected people's right to decide whether to participate in activities. Although people were encouraged to join they were able to exercise their right of choice and to decide when they had had enough. We observed staff supporting a person to write a shopping list who then decided they wished to take part in a different activity, which they were supported to do. This ensured the activity was led by the person and not by the staff's need to complete a task.

Staff were very mindful that they were working in people's homes. People either answered the front door of the houses themselves or staff supported them to do so. Staff recognised that it was the person's home and their right to decide who should enter.

Staff discreetly asked if people needed to use the bathroom. Staff supported people to the level they required for example, with adjusting clothing and ensured their privacy was respected.

People were encouraged to be as independent as they were able to. One person said "It's good, if I need it, I have help, but not if I can do it." One person was being supported to increase their independence, and they had achieved a lot in a relatively short time scale. They were receiving the support they needed, but also help to enable them to become more self-sufficient. Another person was supported to prepare their lunch. Staff offered them the right level of support and prompting. People who were able to manage them had a 'fob' for entry to the house and their room. This enabled them to be independent and to lock their room. Staff encouraged people's independence.

Staff were aware of the friends and family that were important to the people they supported. People were enabled to have contact with their family in person, by phone and through the use of information technology. One relative said "We really appreciate this contact. It's a long way, and it means a lot to have regular contact. We get emails and photos sent over too." A person told us about how staff supported them to maintain contact with their relative. People were supported to maintain contact with their families.

Is the service responsive?

Our findings

The registered manager told us when people approached the service for a placement at the home, consideration was given to their compatibility with others already living there. People had a transition plan that involved them making visits to the house to see if it would meet their needs and if the people already accommodated felt the person was appropriate. Minutes of the house meetings confirmed people had been consulted about their views on new people. This ensured people were appropriately accommodated and that existing people's views were listened to.

People's records included an 'All about me' record. This documented key people in their life, their preferences and communication needs. It covered all aspects of people's daily lives and detailed the level of support they needed from staff. When supporting one person staff used short simple instructions and demonstrated to the person what they needed to do. This was in line with the guidance in the person's care plan. One person was listening to music on their headphones. Their care plan confirmed listening to music and using their headphones was important to them. A relative told us "Staff support her properly. They have good insight into her behaviours." People were supported by staff who understood their individual needs.

Each person had a communication plan. This informed staff of their communication needs and how they communicated. This provided staff with information about people's body language, their level of understanding and where best to stand to communicate with them. This was particularly important if people experienced a visual impairment. One person's communication plan stated what signs they used to communicate different messages. The person signed that they had had enough of the activity and staff were able to understand them as per the guidance in their care plan. People's communication methods were understood by staff.

People's records included hospital and dental passports. These contained key information about the person in the event they were admitted to hospital or required dental treatment. This ensured professionals would have the required information in order to be able to support people appropriately.

Each person had an activity schedule which was tailored to their interests and pursuits. People's schedules suited the pace of life they had chosen to adopt. Sometimes activities involved doing things with staff on a one to one basis, sometimes independently, and then coming together as house-mates for events everyone enjoyed. Sometimes just choosing to be on their own and taking it easy was a preferred option for some people. People attended a variety of activities at day services and community activities, including swimming, trampolining, trips out, rambling and holidays. People were supported to attend work placements if they wished. Several people liked animals and there were animals at the service. People were involved in their care and maintenance and were seen to enjoy looking after them. Staff had identified people's individual needs and interests and arranged activities to meet them.

Staff told us and records confirmed people had a keyworker who had overall responsibility for their care. They said the provider had recently introduced monthly keyworker meetings with people to enable them to review their care. Records showed people had an annual review of their care, to which people they wanted involved had been invited, such as their relatives. A person's relative confirmed they had been involved in their loved one's care review. People were involved in reviews of their care.

People had access to information on how to make a complaint, which was provided in an accessible format. No complaints had been received since 2012. Staff were observed to respond immediately to signs people were not happy and took measures to address any issues. For example, if a person indicated they were no longer happy to continue with an activity staff responded and diverted their attention to another activity. People were also able to raise issues in their monthly keyworker meetings. A relative said that they had not felt the need to complain, but would be comfortable doing so. Staff responded promptly to people's concerns and took steps to address their issues.

Meetings were held in each house, where people were consulted about issues which impacted upon them, for example, changes to staffing. Their views were sought for example, about activities they might wish to undertake. People had been supported by staff where required to complete a quality assurance questionnaire in 2013 to seek their views on the service. The registered manager informed us the provider was reviewing the format of the

Is the service responsive?

questionnaire and the next one would be circulated later this year. The provider had received positive feedback on the service in May 2015 from a local GP. Processes were in place to enable people to provide their feedback on the quality of the service.

Is the service well-led?

Our findings

People were actively and meaningfully involved in staff recruitment. The registered manager told us when applicants applied for a post they underwent two interviews. The first was a formal interview process with management. Three people had volunteered to participate in staff recruitment. The second part of the selection process involved the applicant completing an activity with people, who then provided feedback on the applicant's interaction with them to the registered manager. A person confirmed they were involved in staff interviews and that they had 'A say' in the appointment of staff. People were actively involved in the staff selection process and their views were valued.

Two people represented the service at the provider's regional service user forum. This involved their attendance at meetings to represent people. Feedback on the forum was provided to people via the house meetings. The registered manager told us in response to feedback from the forum the provider had introduced a policy prohibiting the use of mobile phones at work by staff for personal use. People had been able to use the forum to affect change in the provision of their care.

Staff told us they learnt about the provider's values during their induction. The staff meeting minutes of 26 May 2015 demonstrated the provider's new values of 'brave'; 'see the person' and 'choice' had been discussed with staff. Throughout the inspection staff demonstrated these values in their work. People were central to their practice and the service was arranged around the needs of people. Staff told us the senior staff met weekly to review people's activities for the following week and their staff support requirements. This enabled them to ensure staff were allocated to support and transport people as required, whilst taking into account the need to ensure sufficient staff were deployed across the houses. People's care was arranged in response to their needs and not around the needs of staff.

Staff told us although risks to people were well managed; they understood people's right to make choices about their lives and to take managed risks. Staff did not deter people from participating in activities but assessed the risk and enabled people to pursue their goals. Staff demonstrated the values of being brave and giving people choices.

A person's relative told us there was a good level of communication with staff "They call us about any issues." A staff member said "I have worked here a long time – I feel the communication within the houses is very good. We work together well." During the inspection staff indicated they needed assistance in another house. Staff were immediately responsive to this need. Staff worked as a team, communicating and supporting each other. They told each other where they were going and ensured people were supported.

The service had a registered manager in post, a deputy and three senior care staff. A relative told us "There is a good manager. I am very happy with the management of the service." Staff told us "There is a good manager and deputy. You can speak to them and they get things done." Another commented "I feel able to say anything to the manager, and I know she would listen and take it on."

The registered manager was passionate about the service provided to people. They told us they tried to be innovative and involve people. They said they were always exploring opportunities for people to become involved in new opportunities. For example, they were looking into a new sailing opportunity for people to participate in. They told us they were always striving to improve the service; this was confirmed through the inspection.

Staff said they felt fully supported in their role by the registered manager and the deputy manager, both of whom were rostered to work with care staff in the three houses. This ensured they were able to monitor the day to day running of the service and enabled them to build positive relationships with people.

Staff told us they were able to express their thoughts about the service through the regular staff meetings, which records confirmed. Staff were also able to provide their views to the provider through the staff forum. A staff representative from the service attended the forum to put forward staff comments. People were supported by staff whose views were sought.

The registered manager completed medicines audits. They had identified two errors during the last audit and action had been taken to address them, which records confirmed. Staff meeting minutes of 26 May 2015 demonstrated staff had been given feedback on the outcome of the medicines audit, records confirmed this. In

Is the service well-led?

In addition to the internal medicines audits medicines were audited externally by the provider's two community pharmacists. Processes were in place to monitor any risks to people associated with medicines.

The provider visited the service quarterly and produced a quality and monitoring report. Following the visit an improvement plan was produced. Actions noted from the audit were being actioned. For example, one audit had required a person's care plan to be updated following a safeguarding incident; records confirmed this work had been completed. Another action from an audit was to ensure the safeguarding flowchart was more visible for

staff. There was a copy of the safeguarding process within each house. The audit had identified the need to introduce keyworker meetings and this process had commenced. The provider monitored the quality of the service and used the results of audits to drive service improvement.

People's care plans and records were stored securely. This ensured they were accessible to staff but could not be seen by unauthorised people. Staff records and other records relating to the management of the service were stored securely. Processes were in place to protect people's and staff confidential information.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People's rights were not always fully protected as legal requirements had not been met in relation to decisions which had the potential to restrict people's movement or deprive them of their liberty.</p> <p>This was a breach of Regulation 13(4)(b)(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>