

Cheshire East Council

Wilmslow Supported Living Network

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 3 and 4 May, 2018. The inspection was announced.

Wilmslow Supported Living Network is managed by Cheshire East Council and is registered to provide personal care to people living in supported living accommodation. The registered provider supports adults with learning disabilities or autistic spectrum disorders and supports them to live as independently as possible as tenants in their own homes.

This service provides care and support to people living in 'supported living' settings. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 time of the inspection 19 people were being supported. There were five adjoining bungalows where 18 people lived and one house in the local area where one person lived. The people who lived in the bungalows had support available 24 hours a day; the one person who lived in the local area received scheduled support visits on a daily basis.

At the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection which took place in July 2016, we found a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (staffing). There was a lack of training and developmental opportunities for staff. The registered provider was awarded an overall rating of 'Requires Improvement'. Following the inspection the registered provider submitted an action plan which outlined how they were improving the standards of care and quality of service. During this inspection, we looked to see if the registered provider had made the necessary improvements.

During this inspection we found a number of improvements had been made however the registered provider was found to be in breach of 'good governance'. We are taking a number of appropriate actions to protect the people who are being supported by Wilmslow Supported Living Network.

At the last inspection we found that staff were not provided with the necessary training opportunities to support their learning and development. During this inspection we found that training opportunities had

improved and staff were being supported with a variety of different training courses.

Although the registered provider was no longer in breach of regulation in relation to 'staffing' we recommend that the registered provider consults best practice guidance in relation to training opportunities and 'Care Certificate' requirements.

Individual care plans and risk assessments were in place for each person who was being supported. However the records we reviewed did not always contain the most up to date information. We found inconsistent information and records did not always reflect the most relevant support needs or risks. Quality assurance systems were not always identifying areas of improvement which were required in relation to the quality and standard of care being provided.

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

We reviewed medication management processes. Medication was administered safely by staff who had received the appropriate medication training. Medication audits were being completed on a monthly basis and areas of improvement were being identified.

We have recommended that the registered provider reviews the PRN protocols in respect of 'as and when needed' medication which need to be in place.

The registered provider was operating in line with the principles of the Mental Capacity Act 2005 (MCA). However 'consent' records were not always completed by the people being supported. Records indicated that people were involved in the decisions being made about the day-to-day care but a further review of 'consent' documentation was needed.

Policies and procedures were available and accessible to all staff and staff were able to explain the importance of having policies and procedures in place. However, we identified that some were out of date and did not always contain the most relevant information

Staff were knowledgeable around the area of safeguarding procedures. Staff knew how to report their concerns and who they would report their concerns to. Staff had completed the necessary safeguarding training and there was an up to date safeguarding policy in place.

'Accidents and incidents' were being reported, recorded and monitored accordingly. Safeguarding incidents were routinely recorded by all staff and trends were monitored and analysed.

We received mixed feedback about staffing levels during the inspection. We were informed that the staffing levels and the use agency staff had improved but on occasion staffing levels needed to be better managed. We were informed by the registered manager that recruitment was an on-going issue but staffing levels had improved over recent months.

Staff personnel files demonstrated that safe recruitment practices were in place. This meant that all staff who were working for the registered provider had sufficient references and Disclosure and Barring System checks (DBS) in place.

The registered provider worked in conjunction with the local housing association to ensure the environment was well-maintained and the health and safety provisions were safely managed. Health and Safety audit tools were in place to monitor, assess and improve the quality and standards of the environments people

lived in.

The bungalows we visited during the inspection were clean, odour free and well-maintained. There was a daily cleaning rota in place and there was evidence to suggest that infection control policies were being adhered to. This meant that people were living in safe and hygienic environments.

People and relatives we spoke with during the inspection expressed that the care which was provided was safe. People expressed that staff were approachable, responsive and would listen to their views and opinions.

People felt they were treated with respect and staff provided dignified and compassionate care. Relatives we spoke with told us they felt the staff were kind, caring and provided good quality care. Staff supported people to make decisions around their own nutrition and hydration.

People's choices, preferences, likes and dislikes were taken into account and people told us that staff provided advice and guidance in relation to balanced diets.

There was a complaints policy and procedure in place and people and relatives knew how to make a complaint. The complaints procedure was evident in all care records and was visible in each of the bungalows we visited.

There was a range of different activities taking place for each person who was being supported. Activities were individually tailored and people expressed that they were supported to take part in activities and hobbies they enjoyed.

Processes were in place to gather feedback regarding the provision of care being provided. Processes ranged from 'tenant' meetings, care reviews and staff meetings.

Staff and managers promoted a culture of warmth, kindness and compassion towards the people they were supporting. Staff expressed that they felt supported by both the registered manager and senior members of staff. Staff explained that the team worked collaboratively for the benefit of the people they were providing care for.

The registered manager was aware of their regulatory responsibilities and was aware that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures.

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 always safe.

Medication management systems were in place although we have recommended that the registered provider consults best practice in relation to PRN protocols.

Care plans and risk assessments did not always provide the most consistent information.

Staff were familiar with safeguarding and whistleblowing policies and people were protected from avoidable harm.

There were safe recruitment practices in place which ensured staff were suitable to work with vulnerable adults.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received training to support their roles however we have recommended that the registered consults best practice in relation to 'Care Certificate' requirements.

The principles of the Mental Capacity Act 2005 (MCA) were being complied with although records needed to be reviewed and updated.

Regular supervisions were taking place to support learning and professional development.

People were supported with their nutrition and hydration support needs.

Is the service caring?

Good ●

The service was caring.

People and relatives expressed that staff provided kind and compassionate care.

Staff were familiar with the support needs of the people they

were caring for.

People were treated with dignity and respect.

Confidential information was securely stored and was not unnecessarily being shared with others.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred and contained information in relation to their needs, wishes and preferences.

People were supported with activities which had been tailored around their likes, interests and preferences.

There was a complaints process in place and people informed us that they knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Audits and checks were not effectively monitoring and assessing the provision of care being provided.

Further breaches of regulation were identified.

There was a registered manager in post at the time of the inspection.

Staff expressed that there was a positive, kind and caring culture.

Wilmslow Supported Living Network

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 3 and 4 May, 2018 and was announced. The registered provider was given 48 hours' notice because we needed to be sure that staff would be available on the day.

The inspection team consisted of one adult social care inspector.

Before the inspection visit we reviewed the information which was held on Wilmslow Supported Living Network. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is a form that asks the registered provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the Nominated individual (NI), the registered manager, two senior staff members, three members of care staff, three people who were being supported in their bungalows and two relatives by telephone.

We also spent time looking at specific records and documents, including four care records of people who

were being supported, four staff personnel files, staff training records, medication administration records and audits, compliments and complaints, accidents and incidents, policies and procedures, safeguarding records and other documentation relating to the management of the service.

Is the service safe?

Our findings

People and relatives we spoke with had positive comments to make in relation to the safe care which was being provided. Comments we received from people who were being supported included, "Yes, I feel safe", "I get lots of support when I need it" and "It's very safe." Relatives also expressed, "It's absolutely safe, yes" and "The support is very, very good, it's safe and good quality care."

Medication processes were reviewed during the inspection. Medication was administered by staff who had received the relevant training. Medication administration records (MAR) were appropriately completed by staff and there was an up to date medication policy in place. Monthly medication audits were completed and staff were regularly receiving 'medication observations' to monitor and assess competency.

However, we did identify that some people were prescribed PRN medication ('as and when needed' medication) but did not have the relevant PRN protocols in place. PRN protocols should be in place to monitor and assess why medication had been administered, to offer guidance to staff who are administering PRN medication and to ensure the medication is being suitably administered to treat the correct symptoms. We discussed our findings with the registered manager who was responsive to our feedback.

We recommend that the registered provider consults best practice in relation to PRN medication and protocols which need to be in place.

During this inspection we reviewed risk assessments within people's care files and saw that risk had been assessed in a number of different areas such as medication, health and well-being, personal care, food choices and diet, mobility and presenting behaviours. Although risk assessments were detailed and provided staff with guidance on how risks should be managed they often did not correspond with the level of detail that was provided in the persons care plan. For example, one persons care plan indicated that they were 'low level risk' in relation to personal care and did not require a risk assessment to be completed. However, we found a risk assessment had been completed which indicated that the person needed encouragement from staff in relation to hygiene levels.

Another example included the information which was recorded on one person's 'Behaviour' risk assessment. The risk assessment indicated that staff needed to be aware of the different challenging behaviours that the person could present with. When we reviewed the persons care plan, it only indicated that the person was 'low level risk' and no risk assessment was required. This meant that the level of information which was recorded was often conflicting, inconsistent and did not reflect the most up to date information which was required. We discussed our findings with the registered manager who confirmed that all records and documentation were currently under review.

We reviewed the registered providers 'Accidents and incidents' processes. We found that they were routinely recorded; staff were familiar with the 'reporting procedures' and records indicated that the necessary measures and actions were implemented. Accidents and incidents were also regularly analysed and

reviewed. This meant that accidents and incidents were being safely monitored, trends were being appropriately established and actions were taken to keep people safe.

Recruitment processes and practices were reviewed during the inspection. The registered provider had systems in place to ensure the staff that were recruited were suitable to work with vulnerable people. We found that there were comprehensive records relating to each staff member in place.

Records included pre-employment checks, previous employment histories, identification and application forms. Suitable references were on file prior to an individual commencing work and there were appropriate Disclosure and Barring Service (DBS) checks in place. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the manager to assess their suitability for working with vulnerable adults.

Staff and relatives we spoke with during the inspection provided us with mixed feedback about the staffing levels. Some staff and relatives expressed that the staffing levels had recently improved and there was enough staff to provide the support which was required. Other comments we received suggested that the registered provider should not be using as many agency staff as they do. When we discussed the feedback with the registered manager, they did express that staffing levels were always an on-going area of development but we were also informed that people were receiving support from more consistent staff due to the staffing rota's being prepared in advance. People we spoke with during the inspection who were receiving support expressed that they were satisfied with the staffing levels in place.

Staff supported people to be safe in their own properties. We saw evidence of daily and weekly cleaning checks and staff expressed that they supported people to take ownership of their own living areas as to ensure that certain chores were being regularly completed. We also saw evidence of partnership working with the local housing association. This meant that both the registered provider and the housing association worked together for the benefit and safety of the people who were being supported. Audits and checks we reviewed included fire safety procedures, fire risk assessments and environmental risk assessments.

Each person had a personal emergency evacuation plan (PEEPs). This meant that people could be safely evacuated from their homes in the event of an emergency situation.

Staff were knowledgeable around the area of safeguarding and whistleblowing procedures. All staff were able to describe their understanding of procedures, the policies which were in place and how to report any concerns they had. Records confirmed that appropriate safeguarding referrals had been made to the local authority when required and staff were receiving the necessary training. This helped to ensure people were protected from the risk of abuse.

Is the service effective?

Our findings

At the last inspection we identified a breach of regulation in relation to 'staffing'. The registered provider was failing to provide adequate learning and development opportunities for staff which were necessary to meet the needs of the people they were caring for.

During this inspection, although we found that improvements had been made and staff expressed that they were supported with training opportunities, further improvements were still needed. We reviewed the registered providers training matrix during the inspection. We found that a large number of staff had attended training such as moving and handling, basic emergency first aid, safeguarding, percutaneous endoscopic gastrostomy (for people who have difficulties swallowing) and epilepsy but only a small number of staff had attended Mental Capacity Act (MCA) and Deprivations of liberty safeguards (DoLS) training, equality and diversity and dementia awareness training. We were provided with forthcoming training dates which staff were scheduled to attend but we also discussed our findings with the registered manager.

We asked the registered manager if staff were enrolled on to the 'Care Certificate'. The 'Care Certificate' was introduced by the Government in 2015 and is an identified set of standards that health and social care workers should adhere to in their daily working life. People who did not have the appropriate National Vocational Qualification (NVQ) should be encouraged to complete the care certificate or induction modules which are in line with the care certificate standards. The registered manager expressed that this was an area of development which had been discussed with senior managers.

The registered provider was no longer in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (staffing).

We do however recommend that the registered provider reviews their training practice procedures as well as consulting best practice in relation to the 'Care Certificate' and standards which staff should be encouraged to complete.

During the inspection we checked if the registered provider was complying with the principles of The Mental Capacity Act (2005). The Mental Capacity Act (2005) 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 people lack mental capacity to make 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We were informed by the registered manager that each person who was being supported had the capacity to make decisions regarding the care they were receiving. We saw evidence throughout care records which suggested that people were involved in the day-to-day decisions about the level of care being provided. For example, people were involved in the decisions about food which needed to be purchased, decoration and design of accommodation and activities which they attended. People also expressed that they were fully

supported and encouraged to make decisions. However, the registered providers 'consent' records were not being routinely completed by the people who were receiving the care being provided. We discussed our findings with the registered manager who agreed that all care records needed to be reviewed and updated.

We reviewed how staff were supported in their roles during the inspection. Staff were receiving supervisions. These were regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. All staff we spoke with during the inspection expressed that they felt supported, they felt listened to and the managers were approachable and responsive to their needs.

There was clear evidence of the support which was being provided by other professionals who were involved in people's care. There was evidence of GP appointments, occupational therapist and physiotherapist support as well as routine health checks which were taking place. This meant that people's health and well-being was being effectively supported from a holistic approach and people were receiving the necessary care which could improve their quality of life. People expressed that they were supported with any external appointments which had been scheduled and we saw evidence of specific guidance and advice being followed by staff.

People were actively involved in the weekly shopping which took place. People were encouraged to go shopping with the staff team, purchase food and drink of their choosing but were also supported with ensuring their diets were balanced and nutritious. One person said, "I'm on a diet because of my weight, the staff support me with my shopping but I can have a treat now and again."

People and relatives we spoke with said that the care being provided was effective. One person said, "They [staff] know me very well, they offer lots of support." One relative expressed, "Oh yes, they know [relative] extremely well. I can't fault them and how they support [relative]."

Staff, relatives and people we spoke with expressed that there was effective communication systems in place. Daily handovers took place amongst the staff team, communication books were in use, daily records were updated and staff meetings and management meetings were routinely taking place.

Staff completed daily records for each person who was being supported. Daily records contained detailed information in relation to the day's events, support which had been provided and sensitive information which needed to be relayed. This meant that staff were always kept informed of the day-to-day activities as well as any significant information which needed to be communicated.

Is the service caring?

Our findings

People we spoke with during the inspection expressed how the staff provided good quality care. Comments we received included, "I enjoy living here, I like the staff", "Staff are the best thing" and "The staff are nice, they help me a lot." Relatives also said, "They're [staff] are very good, fantastic infact", "I can't fault them [staff]", "The care is very, very good" and "There's nowhere else better."

People received care and support from staff who were familiar with their needs. All staff were able to discuss specific the support needs certain people had and people expressed that staff knew them well. This meant people were able to build positive relationships with staff and people received the right level of support which was individually tailored to their needs.

People and relatives we spoke with explained that staff treated people with dignity and respect. Records we reviewed demonstrated how people were offered 'choice', encouraged to make decisions about their care and supported to remain as independent as possible. During the inspection, we observed positive staff interactions, people appeared relaxed and comfortable and staff were familiar with the people they were supporting.

There was a culture of warmth, kindness and compassion. People expressed that they felt genuinely cared for and staff could provide the support which was required. It was evident that the registered provider and staff were committed to delivering safe, effective and compassionate care.

One relative we spoke with expressed "The care is very good, it's fantastic, I'm very pleased with how the care is provided." People who were receiving care by the registered provider needed to be supported with a range of different equality and diversity support needs. We saw evidence throughout the inspection that demonstrated how peoples support needs were accommodated, how staff were familiar with specialist health needs and how people were treated with respect around their equality and diversity needs. One person who was being supported with specific support needs expressed, "I get all the support I need, I can go to staff when I need to, the staff know me very well, I get lots of support." When we discussed specific equality and diversity support needs with staff, they were able to explain to us the importance of providing this support, how this support needed to be provided and why it was essential that people were treated equally and with dignity and respect.

There was a communal area within each of the bungalows we visited, a shared kitchen and individual bedrooms. The communal areas were homely, inviting and encouraged people to socialise with others. There was a notice board which contained up to date information in relation to the complaints process and staff who were on shift. This meant that people were being regularly updated with important information and there was accessible information available for people without having to consult staff.

For people who did not have any family or friends to represent them, contact details for a local advocacy service could be made available. An advocate is someone who can support and assist with decisions in relation to the day to day care people receive. This meant that every person who was being supported by

registered provider had the opportunity to request advocate support when and if they needed to.

During the inspection we reviewed how confidential information was stored and protected. We needed to ensure the registered provider was complying with the Data Protection Act 1998. All care records, personnel information, risk assessments and other sensitive information was safely stored away and was not unnecessarily being shared with others.

Is the service responsive?

Our findings

People who we spoke with during the inspection expressed that the staff were responsive to their needs. Comments we received included, "If I raise any issues I'm listened to", "I can voice my opinions" and "They [staff] help me when I need them to." Relatives also said "They're all aware of [persons] needs, I'm very pleased" and "I can't fault the staff at all, staff know [person] very well, the staff are very good with [person]."

Records were person centred and provided staff with a good level of information in relation to the person they were supporting. All staff explained that they would be introduced to the person before any support was provided and they would always ensure that they were familiar with care plans and risk assessments which were in place.

People were involved in the level of care which was being provided from the outset. We saw examples which evidenced that a person centred approach to the care was being delivered. 'Person centred' care means that care is provided based on the needs of the people using the service. Examples of people's like and dislikes being considered included reference within care files to people's hobbies, such as 'I like spending time on my PC and I like time out in my bedroom', '[Person] has a lot of personal interests including football, ice hockey, football practice and yoga' and 'I like discos and rock and roll music.'

Care records demonstrated how people were supported to remain as independent as possible. For example, in one care record we reviewed it stated, 'I am fully independent; just need prompts from staff, I am able to shave myself with no support and dress myself with no support'. People were also encouraged to exercise choice, for example, another care record said 'Staff to encourage me to have a varied diet, staff to look at my food charts before offering me choice; I am on a healthy eating diet.'

People expressed that they were supported with social activities and were encouraged by staff to engage and involve themselves in the different hobbies and interests they enjoyed. People's interests and hobbies were established from the outset and staff were extremely familiar with the different hobbies and interests people were involved in. One person said "I like to go to the hairdressers and to football, I can go on my own as long as I let them [staff] know when I'm going out and coming back." Another person expressed "I enjoy going into the garden, there's lots to do out there, I enjoy just pottering."

The registered provider had a complaints policy and process in place. A copy of the complaints process was made available in each person's care record and was visible on the notice board in each of the bungalows we visited. We asked people if they were familiar with how to make a complaint and they informed us that they would feel comfortable making a complaint if they needed to. Relatives were also asked if they were familiar with the complaints process and they informed us that they had been provided with the relevant information. At the time of the inspection there were no formal complaints being responded to.

We asked the registered provider if 'End of Life' care was being provided to people they were supporting. We were informed that there was nobody being supported with 'End of Life' care at the time of the inspection. End of Life' care is provided in a specialist way, to people who are at the end stages of life.

Is the service well-led?

Our findings

During this inspection we looked at how the overall governance of the service was being monitored and assessed. Audits and checks were being completed in a number of areas such as medication, health and safety, infection control and accident and incidents however; we found that these were not always effective. For example, care record audits did not identify some of the inconsistent information we found in relation to the care plans and risk assessments. The registered provider was not aware that the 'consent' documentation had not been correctly completed. Another example included the missing PRN protocols which should have been in place for people who were being prescribed 'as and when' needed medication. This meant that the governance systems which were in place to assess and monitor the quality and standard of care were not sufficiently robust.

We found that a number of the policies and procedures which were reviewed during the inspection were out of date and did not contain the most relevant or up to date information. Some of the out of date policies and procedures we found included accident and incident reporting, manual handling, fire prevention and Control of substances hazardous to health (COSHH). This meant that staff could not consult the most reliable and up to date guidance required in some of aspects of their day to day work.

We were informed that quality surveys were circulated to both relatives of people being supported and people themselves. The quality survey was circulated as a measure of capturing the views and thoughts of others about the standard and quality of care being provided. However, at the time of the inspection we were not provided with any feedback from any quality surveys which had been circulated since the last inspection was conducted in 2016. This meant that it was not clear how feedback had been used to review and develop the quality of care being provided.

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

Staff we spoke with were complimentary about the management team. Comments we received included, "[Manager] is extremely approachable. I love working here, it's brilliant", "We all do a really good job, including the managers", "It's a lovely place to work, we all pull together" and "[Manager] is approachable and I feel that I'm listened to."

During the inspection we found the registered manager, senior staff and care staff to be warm, welcoming and responsive to some of the feedback provided. People and relatives we spoke with during the inspection all expressed their satisfaction with the care provided and said that they were happy with the support they received from the registered provider.

There was evidence of a 'rolling action plan' which identified priority areas which needed to be completed on, who would be responsible for completing the actions and the date the actions would be completed. At the time of the inspection all identified actions had been completed by the deadline dates which had been specified.

There was a 'Business Continuity Plan' (BCP) in place which contained relevant emergency contact details in the event of an emergency situation. The BCP supports staff to make important decisions and to contact the necessary people in the event of an emergency.

We saw evidence of regular staff meetings taking place. Staff meeting discussions included, individual 'tenant updates', staff training, appointments, medication, audits, activities, safeguarding alerts and health and safety issues and concerns.

We saw evidence of 'tenant meetings' which were regularly taking place. Tenant meetings encouraged people to share their views, thoughts and opinions on the quality and standard of care provided. People were encouraged to discuss many different aspects of the care they were receiving such as tenant issues/concerns, staffing levels, health and safety, staff training and environmental discussions.

People were supported to share their views and we saw evidence of staff responses and how people's views were listened to and respected. For example, in one weekly 'tenant meeting', people requested pictures and art work to be purchased for the lounge area, this was immediately followed up on and staff ensured the purchases were made. In another 'tenant meeting', people openly discussed how they would like their bedrooms to be decorated and different colour schemes which they preferred. This meant that people were being actively supported to express their thoughts and wishes as well as remaining as independent as possible.

There was a registered manager in post at the time of the inspection. The registered manager was aware of their responsibilities in relation to their regulatory requirements and statutory notifications were submitted in accordance with regulatory obligations.

Ratings from the last inspection were displayed at the registered address. From April 2015 registered providers were legally required to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

Prior to the inspection, we reviewed the statutory notifications which had been submitted to CQC. Notifications enable CQC to monitor any events that affect the health, safety and welfare of people who use the service. The registered provider was submitting all the necessary notifications as well as updating the local authority.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have suitable quality assurance systems and processes in place to continually assess, monitor and improve the standard and quality of care being provided.</p>