

Jennys Resource Centre Ltd

Jenny's House

Inspection report

36 Old Road
Clacton On Sea
Essex
CO15 1HX

Tel: 01255220086

Website: www.jennysresourcecentre.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Jenny's House is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under a contractual agreement with the local authority, health authority or the individual, if privately funded. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Jenny's House provides accommodation and personal care for people who have a learning disability. Respite care is provided for people who have a learning disability and/or autistic spectrum disorder. The periods of respite care may be for a few days or longer depending on the individual's needs. Jenny's House is an adapted detached residential property which can accommodate up to eight people. The service is situated in a residential area of Clacton on Sea and is close to amenities and main bus routes. The premises are set out on three floors with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the service. At the time of our inspection three people were using 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.' Registering the Right Support CQC policy."

At our last inspection of this service on 08 December 2015 the service was rated Good. At this inspection, we found the evidence did not continue to support the rating of good and that the overall rating for the service was now Requires Improvement. The areas of Effective, Responsive and Well Led were rated as requires improvement at this inspection. We identified one breach of regulation at this inspection. This was in relation to governance. Systems for quality oversight were not fully established to show sustainability. We additionally made recommendations for the registered provider to address staff supervision, personalised care planning and training.

A registered manager was in post however was not present at the inspection. 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 and associated Regulations about how the service is run.

Staff did not always receive the support, supervision and guidance from the management team that they required. The exploration of other formats of learning for staff other than on line training would enhance staff's competence in their role. We have made a recommendation regarding this.

At the time of our inspection medicines were observed to be administered safely. Systems were in place for the ordering, obtaining and returning of people's medicines. Staff had received training in the safe administration of medicines and their competency had been assessed by a member of the management

team.

A variety of methods were used to ensure the care staff were kept up to date with people's needs.

People felt safe and were protected from the potential risk of harm and abuse. Staff understood their responsibilities for safeguarding people and followed the provider's policy and procedure. People's personal belongings were protected from the potential risk of theft.

Potential risks to people had been assessed and steps were taken to reduce any risks. The premises were well maintained and equipment had been regularly serviced to ensure it was in good working order.

There were enough staff deployed to keep people safe and meet their needs. Staff were recruited safely following the provider's policy and procedures. Staff received training to meet people's needs including their specialist needs, however we have recommended that a formal staff rota be available and explore different formats of training delivery other than that of on line e learning.

People's safety in the event of an emergency had been assessed, with guidance to inform staff how to keep people safe. Accidents involving people were monitored with action taken to prevent the risk of reoccurrence.

People were protected from the risk of infection with cleaning schedules in place to promote the prevention and control of infection.

People's needs were assessed prior to them receiving a service. People received a caring service which was responsive to their needs. Care plans could be better personalised as they were lacking some essential information and in the process of being updated. People were involved as they were able in the development and review of their care plan but this could be more prominent as some care plans we noted were not signed. Guidance was in place to inform staff of how to meet people's needs whilst encouraging and promoting their independence.

People were encouraged to make their own choices about their lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring towards people. Staff respected people's privacy and dignity. Staff knew people well and had knowledge about people's histories, likes and dislikes. People's equality, diversity and human rights were promoted and respected.

People were supported to take part in a range of activities to meet their needs and interests.

People were supported to express their views and were involved in the development of the service they received.

Complaints were investigated and responded to in line with the providers policy.

Quality audits and governance processes were not fully formalised and in place to enable continuous improvement in the quality of the service provided and to ensure that learning was shared.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where

a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating on a notice board in the entrance hall.

Further information is in the detailed findings below. 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?

Good ●

The service was safe.

People were protected from the risk of harm and abuse. Staff knew the action to take if they had any suspicions.

Risks to people in their everyday lives and environment had been assessed. Guidance was available to staff to reduce any potential risks.

There were enough staff to keep people safe and meet their needs. Staff were recruited safely following the provider's policy and procedure.

People received their medicines safely and as prescribed by the GP.

People were protected by the prevention and control of infection procedures that were in place. The service was clean and odour free.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not always receive the support and guidance they required to fulfil their role. Some staff had not received regular supervision or appraisals with their line manager

Staff had undertaken up to date training however it was still not fully clear how it effectively linked to the needs of the people they cared for. The exploration of different formats of training would enhance staff learning further.

People had access to the food and drink they enjoyed. People's nutrition and hydration needs were assessed with action taken if additional support was required.

People were supported to maintain their health with support from health care professionals.

People's needs were assessed and recorded prior to receiving

care and support. People's protected characteristics were promoted. People were encouraged to make their own choices about everyday decisions

Is the service caring?

Good ●

The service was caring.

People were treated with kindness by staff who understood the importance of maintaining people's privacy and dignity.

People were asked for their feedback about the service and improvements were made as required.

People were encouraged to maintain as much independence as they were able to.

People were supported to maintain relationships with people that mattered to them.

People's personal information was stored securely.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care plans could be better personalised as they were lacking some essential information and in the process of being updated, People were involved in the writing and review of their care plan as they were able.

People were given the opportunity to access a range of varied activities to meet their needs and interests.

People felt confident to raise any concerns that they had. A complaints policy and procedure was available in an appropriate format for people and their relatives.

Information was made accessible to people using the service.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Systems were not fully in place to monitor the quality of the service being provided and did not always identify shortfalls within the service. They were not fully embedded yet to show how improvements had been sustained within the service.

An open culture was promoted where staff were kept informed about people's care and support needs. Staff members we spoke with felt supported by the management team.

People were asked for feedback about the service they received. The registered manager worked in partnership with other health care agencies and with the local community.

Statutory notifications had been submitted appropriately

Jenny's House

Detailed findings

Background to this inspection

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

The inspection took place on 14 September 2018. It was undertaken by one inspector. We announced this inspection as the service only provides care for two to three people as and when required and we wanted to make sure there were people and staff at the service.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

A Provider Information Return (PIR) was requested prior to the inspection. We used information the provider sent us in the Provider Information Return. 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 used all this information to plan how the inspection should be conducted.

During our inspection we observed how the staff interacted with people and we spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, and we looked around the service. Some people were able to talk with us about the service they received but others could not. 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.

During the inspection we reviewed the records at the service. These included four staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the

premises.

We looked at two people's care documentation along with other relevant records to support our findings. We also 'pathway tracked' people living at the service. This is when we looked at their care documentation in depth and obtained information about their care and treatment at the service. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with two people and two care staff. We also contacted relatives following our inspection.

Is the service safe?

Our findings

People told us they felt safe with the staff supporting them, and they felt safe at Jenny's House when they stayed there. Comments from people included, "I feel very safe here." And another person nodded and smiled to acknowledge they felt safe with the staff that cared for them.

Staff had received fire training and had a good knowledge of fire evacuation procedures. There were fire evacuation plans in place which were visible to people, staff and visitors. There were regular checks of the fire alarm system, checks of emergency firefighting equipment and check of the fire evacuation equipment. These actions ensured people's safety had been promoted with guidance for staff to follow in the event of an emergency.

Each person had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on how to support people in an emergency. These had been reviewed and updated since the last inspection and were kept in each person's individual file. Regular checks of the premises and equipment were carried out to ensure that the building was safe and equipment was in good working order. These checks enabled people to live in a safe and adequately maintained environment.

Accidents and incidents were recorded and monitored. Staff completed an accident form which was then stored appropriately and plans were in place to analyse these to identify any patterns or trends that had developed. This was not done on a regular basis as people only stayed at the service on an as required respite basis. The management team advised us they had plans to use this information to make changes and improvements when things went wrong.

At the time of our inspection people's medicines were managed and administered safely. People received their medicines as prescribed. Whilst this was not required on the day we inspected as people had their own medicines, systems were in place for the ordering, obtaining, storage and disposal of people's medicines. People who stayed at the service for short periods usually bought their own medication with them. The senior carer on each shift held responsibility for administering people's medicines. Senior staff received training in the administration of medicines and completed an observed competency before they were signed off as being competent to administer medicines.

Only one person was receiving medicines at the time of our inspection. Medicines were observed to be administered in an unrushed calm manner, ensuring people received the support they required. People were asked if they required any pain relief, prior to its administration. There were suitable arrangements for the storage and recording of medicines which required additional safe storage. Medicine administration records (MAR) were noted to be handwritten. Whilst these were accurately completed, two signatures were not always present. We discussed this with the management team who advised that obtaining printed sheets was difficult as people only stayed short periods, and they would ensure this was addressed going forward. Each person had detailed information and written guidance for staff in relation to 'as and when required' (PRN) medicines. The guidance included the reason for administration, the frequency, and the maximum dose that could be given over a set period.

People were protected from the risk of abuse. Staff told us and records confirmed staff had received training relating to the safeguarding of adults. Staff said they felt confident any concerns they raised would be taken seriously by the management team. Staff were aware of their responsibilities to report safeguarding concerns to the local authority and Care Quality Commission. People's personal possessions were protected from the potential risk of theft, with lockable facilities available.

Staff had up to date information to meet people's needs and to reduce risks. Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to personal care, skin integrity, mobility, management of medicines, accessing the community and nutrition and hydration. The risk assessment was linked to the care plan and measures were in place to reduce risks and guidance was in place for staff to follow about the action they needed to take to protect people from harm. If people required specific equipment a risk assessment had been completed, for example the use of a profiling bed and an air mattress. Risk assessments were kept under review by the management team and updated accordingly.

People told us they felt there were enough staff to keep them safe and meet their needs, and that their needs were met. An assessment tool to identify the level of support each person required to meet their needs was not used because of the fluctuating occupancy levels in the service. Records showed staffing levels had changed according to each person's level of need. There were no staff rotas to view as staffing was outlined in a daily diary each day. We were advised on the day of inspection that it was difficult to implement an ongoing rota and this had proved difficult due to fluctuating occupancy and the fact that the service was empty some of the time. We were advised this would be done though following our inspection.

People were protected by safe recruitment procedures. We looked at recruitment files of four staff that had been recruited since the last inspection. Recruitment records included the required pre-employment checks to make sure staff were suitable, of good character and were legally entitled to work within the UK

People were protected from the risk of infection, by the systems and processes that were in place, to prevent and control the risk of infection. The staff in the service also ensured the environment remained clean. Information was displayed within the bathroom and toilet areas regarding the importance of hand washing. All staff received training regarding infection control and followed the providers' infection control policy. The service was clean and odour free. Staff were observed using personal protective equipment (PPE) such as gloves and aprons. Substances hazardous to health were kept securely locked away to minimise the risk of people using them inappropriately.

Is the service effective?

Our findings

Care staff told us they felt supported by their line manager. Records showed that senior staff were not always receiving supervision in line with the provider's policy. We were told that this was an area for development and that a plan was being formulated to ensure all staff received regular supervision with their line manager. Staff told us that they felt supported and did not feel that they missed out on support through the lack of one to one supervision. Staff had also not all received an annual appraisal with their line manager, this would give staff the opportunity to reflect on the previous year and set goals for the forthcoming year.

We recommend that all staff receive supervision and support in line with the provider's policy.

People liked the food and said they were regularly asked for their choices regarding each meal. Comments from people included, "The food is good here." Staff told us that everyone got food according to their individual choices and that people ate out a lot as they were often attending activities outside the service. On the day of inspection, we were only able to observe one person having breakfast. The food was all freshly cooked and very appetising. We observed breakfast to be relaxed with a sociable atmosphere. People were observed chatting and laughing with staff. People were offered a variety of hot and cold drinks with their meal, condiments were also made available on each table. People's nutritional needs had been assessed and recorded; these had been reviewed on a regular basis. People who had been assessed to be at a high risk of malnutrition or dehydration had a record of their food and fluid intake. People's weight had been monitored on a regular basis; this was completed in conjunction with a nutritional screening tool. If staff had any concerns appropriate referrals were made where people required specialist input for their diet. Care staff also did the cooking which was an interactive experience. People could help prepare their own meals as they were able. The staff team were aware of people's food preferences, allergies and specialist diets were catered for, such as diabetic or fortified. The kitchen had scored a five rating (5 is the highest) at the last environmental health visit.

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. Each person had a specific care plan which detailed the support they required to manage any specific health conditions. They worked in conjunction with one another to ensure people received a holistic collaborative approach to their short-term care, to enable people to go back to their home, and prevent a hospital admission or a permanent admission to a care home. People's oral health was monitored and maintained with regular dental check-ups.

People's needs were assessed prior to the receiving a service, for a period of respite care. Initial referrals came through social services or regular returning people whose families cared for them. A member of the management team then completed an assessment with people and their families. This information was transferred into a care plan for the person. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the initial assessment. Each person had an equalities care plan which outlined the specific support they required such as, specific cultural beliefs and the support required from staff to maintain this. There were equality and diversity policies in place for staff to follow, this helped

staff promote people's equality, diversity and human rights.

People that used the service for a period of respite, rehabilitation or following a recent stay in hospital had a transfer of care document. This was used for people that were moving between services, as a way to promote consistency and continuity of care and support. The document stayed with the person to ensure that family members, care staff and health care professionals were working together to provide the correct care and support.

Staff had the skills and experience to deliver effective care and support. People told us they felt the staff were well trained and knew how to meet their needs., A training matrix was not available to view and whilst certificates for staff were available it was also acknowledged that this was an area for development to ensure training dates did not lapse. There was an ongoing programme of training which was mostly on-line training, We discussed other options of training delivery with the staff on the day of inspection such as face to face training, and competency assessments as people should be assured that staff supporting them are appropriately trained and had their competence assessed.

We were told that new staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of that role. For example, administering medicines and personalised care. New staff worked alongside experienced staff, however were not being fully supported to complete The Care Certificate at the time of this inspection. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors Care staff were offered the opportunity to complete a formal qualification during their employment. For example, The Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.

We recommend that all staff receive training in appropriate format and support to ensure they are competent in their designated roles.

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 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 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 are called the Deprivation of Liberty Safeguards (DoLS). Restrictions could include, for example, bed rails, or restrictions about leaving the service and supervision inside and outside of the service.

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. The management team and the care staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). All staff had been trained to understand and use these in practice. People told us they were asked for their consent prior to any care or support tasks, and they were offered choices throughout the day. We observed staff asking people for consent prior to undertaking personal care tasks. Appropriate MCA assessments had been carried out with people and/or their relatives for less complex decisions such as, personal care needs and medicine management.

Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their

best interests. The registered manager understood their responsibility for making applications to the local DoLS team, when a person was being deprived of their liberty. This had not been relevant with the people present in the service at the time of our inspection as they were not subject to a DoLS assessment.

People's needs were met by the design and decoration of the premises. We saw people moving freely throughout the communal and garden areas during our inspection. People's bedrooms were personalised with their personal effects such as, ornaments and photographs. The environment had undergone extensive refurbishment and individual rooms were going to be themed to suit different people's hobbies and interests. Because respite care was being provided this was intended to be easily changed in rooms to accommodate the fluctuating occupancy levels. The management team told us that in the future they hoped to provide permanent placements but currently any care provided was just of a respite nature.

Is the service caring?

Our findings

Some of the people living at the service were unable to tell us about their experiences of living there. However, they reacted very positively when we asked if the staff were kind to them and they were clearly relaxed and comfortable with the staff. Relatives said they were welcomed when they visited and spoke highly of the staff. Comments included, "They care for [person] very well, they enjoy going there. I think they are all very caring."

Staff told us they felt it was very important to protect people's privacy and dignity. One staff member said, "I am always respectful, I knock on doors and always ask them before I do anything such as helping with personal care." Staff gave examples of how they protected people's privacy and dignity whilst offering them care and support. For example, covering people up with a towel and closing the curtains.

People's emotional support was also recorded with any triggers which may cause them distress and strategies to use to alleviate this. This also recorded how the person would inform you if they were in distress and the support they needed from staff to manage this. The emotional well-being care plan recorded the person's current mood.

We observed people and staff interacting throughout our inspection visit. Staff provided support in a sensitive manner, encouraging people to participate where they could, and they showed genuine warmth and affection in all their interactions. People were allowed to express themselves individually and staff provided encouragement and positive feedback to improve their sense of wellbeing, while giving gentle reminders or re-direction when the person's behaviour was not appropriate and might upset or endanger others.

People were supported to express their views and were involved in making decisions about their care and support. Whilst we were told people were involved in the development of their care plan this was not always evident. Whilst we acknowledge that the people at the service on the day of inspection were unable to express their views fully we discussed this with the management team who advised this would be addressed systematically as all the new care plans were introduced. People's care plans were being updated and included information and guidance about people's individual support needs, their preferences, likes, dislikes and interests.

People were supported and encouraged to maintain their independence. We observed staff supported people to do as much for themselves as they were able. One staff member told us, "It's really important we promote people's independence." People's care plans recorded what people were able to do for themselves, followed by the support they required from staff. People that were using the service for respite had set plans in place which detailed how to maintain their independent living skills.

People were supported to maintain as much contact with their friends and family as they wanted. Communal areas allowed people to welcome visitors or friends. People were able to make drinks for their friends and relatives. We observed one person help wash up their breakfast plate with assistance from a

member of staff.

Information about people was treated confidentially, Staff were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in a locked office.

Is the service responsive?

Our findings

We reviewed care plans and we were advised these were all systematically being reviewed and being updated with new paperwork. We noted historical information was in the care plans however this related to the person's last documented stay at the service and was not always reflective of their current needs. We were told this had been difficult as people only stayed on an ad hoc basis and for short periods at a time.

We noted care plans for some people lacked detail about their care delivery and what was important to them and how they wanted staff to meet their needs. This meant that the person's care and support needs were not clearly centred around them in all cases. Only one person had a partially completed new care plan on the day we inspected. We had a discussion with management and care staff on the day of inspection regarding the need to ensure people's care plans were individualised and person centred. We were advised reviews could not be done consistently as people did not stay at the service permanently however this was an area for improvement and all care plans should be up to date and be more detailed and informative going forward.

We recommend that people's care plans be further developed and personalised to clearly identify how staff can meet their needs.

People told us they enjoyed their stays at Jenny's House and we saw the staff were responsive to their needs. People we met were comfortable in the presence of the staff looking after them. Staff told us they ensured people took part in a varied array of activities and they were rarely indoors and out a lot of the time. This was also done in conjunction with a sister resource/day centre that provided day care, a meeting place and external activities for people.

Staff knew about people's needs and their backgrounds and the care and support required. People received care on a one to one basis which placed them at the centre of their care and support. Information was available for staff about how each person should be supported in all areas of their care and support. They were able to describe what people could do for themselves to aid their independence and what support was required from staff. Whilst care plans were not all up to date, the historical information in care plans aided this in part and guided staff to deliver the care the person needed and in a way the person wanted as the people staying at the service came there regularly.

People were supported to take part in a wide range of activities to meet their needs and interests. The management team advised that they employed staff in sufficient quantities to enable people to go out as they wished. Staff had a responsibility to ensure people were offered a range of activities. Each person had a care plan that included some information about past and present activities the person enjoyed. This information was then used to arrange various activities including swimming, bowling, horse riding, football, going to the cinema, playing golf, visiting restaurants, parks and the seafront and flying kites. We were told about a recent visit arranged for five people to go and watch Arsenal play Real Madrid. Additionally, a visit to Great Notley Park had also been a success and people had really enjoyed it. Everyone we saw on the day of inspection went out for the day with staff on a one to one basis.

Information was available in appropriate formats to enable people to raise concerns should they need to. People as they were able to, told us they felt comfortable and confident to raise any concerns or complaints that they had. We saw staff and people had an open transparent way of communicating with one another. People and relatives had access to the provider's complaints policy and procedure. Records showed that this had been followed when any complaints had been raised. There had been no complaints raised since the last inspection which had required a formal response. Records had been kept of any compliments that the staff and service had received. These were in the form of cards and letters, from people that had used the service and from family members.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Whilst current care plans were not up to date the historical information also confirmed the assessment of people's communication to identify any special communication needs. This was to ensure people who lived at the service had information in the most accessible format and was pertinent for one person we saw on the day of inspection who was unable to express themselves verbally.

No one currently staying at the service was receiving end of life care at the time of our inspection, and staff told us that people would be supported to receive compassionate support and their wishes would be respected.

Is the service well-led?

Our findings

There were some audit systems in place however these had not been consistently used and effective systems were not in place fully to monitor the quality of the service. For example, the inconsistencies within people's care plans. There were no regular audits in place to monitor the service for ongoing improvement.

A few audits had taken place for areas such as health and safety but these were sporadic and did not address monitoring of the service as a whole. Whilst we acknowledge people were asked about their care there were no formalised systems in place to monitor the quality of the service that was provided to people via questionnaires and surveys or feedback from people, relatives and external stakeholders. Whilst we acknowledge occupancy levels fluctuated, the documentation that was in place was historical and some years out of date. An overall audit matrix was not available which demonstrated which audits had been carried out and what actions were required as a result, giving an overview of what needed to be addressed.

The concerns identified within this report evidence that the systems of governance have not been effective in ensuring people have received a consistently high standard of care to meet their individual needs. These findings demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A registered manager was in post however was not present at the inspection. 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 and associated Regulations about how the service is run.

People and their relatives told us the service was well run and they felt the management team were approachable. They had an understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had passed away, or had an accident. All incidents had been reported correctly.

It was evident the culture within the service was open and positive and people came first. People were supported by a staff team who were proud to be part of the service. All staff said, they loved their jobs and enjoyed working there. The service worked in partnership with a sister local resource / day centre to enhance people's independence

Because the staff team was so small regular staff meetings were not held. Staff told us they were in communication a lot and all messages were shared between them on a daily basis. Staff handovers between shifts and communication books highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs.

Staff understood the management structure and who they were accountable to. Staff said they understood their role and responsibilities and said this was also outlined in their job description and contract of

employment. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that those seeking information about the service can be informed of our judgements. The registered provider had conspicuously displayed their rating in the service.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider has not ensured established systems are fully embedded and operated effectively to assess, monitor and improve the quality and safety of the services provided.</p>