

MK Supported Housing Limited

# MK Supported Housing Limited

## 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 17 and 18 July 2018 and was unannounced.

This was the first comprehensive inspection of the service since it was registered with the Care Quality Commission (CQC).

MK Supported Housing Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. MK Supported Housing provides personal care support to people with an acquired brain injury, learning disabilities or autism; it is registered to provide accommodation and personal care for four people. At the time of the inspection there were two people living at the service and one person regularly accessing the service for respite care.

The 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 complex needs using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The quality assurance processes in place to monitor the quality and safety of the service and drive improvement required strengthening. The provider and registered manager had not identified the concerns highlighted at this inspection. Following the inspection, the registered manager sent us an action plan detailing when the deficiencies identified would be rectified.

People's capacity to consent to their care and support was not always assessed. People supported by the service were not able to consent to some aspects of their care. However, written capacity assessments and best interest checklists were not in place. Staff did demonstrate that they understood the principles of the Mental Capacity Act 2005 (MCA) and gained people's consent when supporting them. The registered manager had made applications under the Deprivation of Liberty Safeguards (DoLS) for people as necessary.

Improvements were required to maintain the safety of the environment and to ensure all health and safety checks were completed as planned. Some areas of the home required refurbishment and re-decoration. The provider needs to ensure that all planned maintenance and refurbishment is completed in a timely manner.

There were gaps in medicines record keeping and some necessary checks of controlled medicines had not been carried out. The provider could not demonstrate that staff had received all required training and had access to regular supervision.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff were employed at the service. However, the provider was using high numbers of agency staff and had not consistently monitored that appropriate employment checks had been carried out for these staff.

The agency staff that were used in the home, were deployed on a regular basis to ensure that people's support was consistent. Staffing levels were suitable to meet people's needs.

People were supported in a safe way. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by senior staff. People had risk assessments in place to cover any risks that were present within their lives, but also enabled them to be as independent as possible.

Staff supported people in a way which prevented the spread of infection. Staff used the appropriate personal protective equipment to perform their roles safely.

People could choose the food and drink they wanted and staff supported people with this. Staff supported people to access health appointments when necessary. Health professionals were involved with people's care as and when required.

People were involved in their own care planning as much as they could be, and were able to contribute to the way in which they were supported. Care planning was personalised and considered people's likes and dislikes, so that staff understood their needs fully. People were in control of their care and listened to by staff.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff supported them, and they provided their care in a respectful and dignified manner.

The service had a complaints procedure in place. This ensured people and their relatives were able to provide feedback about their care and to help the service make improvements where required.

The service worked in partnership with other agencies to ensure people's needs were met. Communication with other agencies involved in people's care and support was open and honest.

At this inspection, we found the service to be in breach of one regulation of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Full details regarding the actions we have taken can be found at the end 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?

The service was not always safe.

Staff did not consistently follow the procedures in place to ensure the safe handling of medicines.

Improvements were required to ensure that health and safety checks were carried out as scheduled and arrangements were in place to mitigate environmental risks.

Agency staff did not always have all required recruitment checks in place.

There were sufficient staff to meet people's needs.

Staff understood their responsibility to safeguard people.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Systems were not implemented to ensure that people's capacity to consent to their care and support was assessed.

People could not be assured that their support was provided by staff that had sufficient knowledge and skills and who received regular supervision.

Improvements were required to ensure that the environment was suitable to meet people's needs.

People's nutritional needs were met.

People were supported to have access to appropriate health and social care professionals to ensure they received the care, support and treatment that they needed.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Positive relationships had developed between people and staff.

**Good** ●

People were treated with kindness and respect.

Staff maintained people's dignity and there were measures in place to ensure that people's confidentiality was protected.

People were involved in making decisions about their care and support.

### Is the service responsive?

Good ●

The service was responsive.

People's care was personalised and responsive to their needs and choices.

People were encouraged to maintain their interests and take part in activities.

People were aware that they could raise a concern about their care and there was information available on how to make a complaint.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

There were insufficient systems and processes in place to monitor the safety and quality of people's care.

There was an open and inclusive culture which focussed on providing individualised care.

People, relatives and staff were encouraged to give their feedback and be involved in the development of the service.

# MK Supported Housing Limited

## **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 comprehensive inspection took place on the 17 and 18 July 2018 and was unannounced.

The inspection was undertaken by one inspector.

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 received the completed document on the 12 January 2018 and reviewed the content to help focus our planning and determine the areas we needed to look at during our inspection.

We reviewed the information we held about the service, including information sent to us by other agencies, such as Healthwatch; an independent consumer champion for people who use health and social care services. We also contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people.

During the inspection, we spoke with one person who used the service and their relative. We also spoke with five members of staff, including support workers, senior support workers, the administrator, the registered manager and one of the directors. Some of the staff we spoke with were supplied by a staffing agency. We looked at records relating to the personal care and support of two people using the service and their medicines records. We also looked at two staff recruitment records and other information related to the management oversight and governance of the service. This included quality assurance audits, staff training information, staffing rotas and the arrangements for managing complaints.

# Is the service safe?

## Our findings

There was a system in place to manage the administration of people's medicines. However, there were gaps in records of medicines that had been administered and some handwritten entries on medicines administration record sheets (MARs) had not been signed by staff. Staff provided possible reasons for the gaps in recording, such as social leave; but this information should have been available from the records.

Some checking processes to ensure the safe handling of medicines were not carried out correctly. We found that amounts of controlled medicines administered were not recorded as regularly as required. (Controlled medicines are medicines controlled under the misuse of drugs legislation.) In a care home, controlled medicines stock should be counted by two staff each time they are administered. Staff at the service were administering one person's controlled medicines three times daily but were only counting the tablets once a day. In response to our findings the registered manager has undertaken to ensure a more effective audit process is in place to identify discrepancies in a timely manner.

All staff received training in the administration of medicines and had their competency checked regularly; staff told us they felt confident to put the training they had received into practice. We observed staff administering one person's general medicines and controlled medicines and saw that they followed safe practice. The person was fully engaged in the process as staff talked to them about the medicines they were taking and ensured that they were happy to take them before administering.

People could not be assured that the environment they lived in was always safe. Some areas of the environment that people lived in required improvement. For example, we saw that some hot water pipes and radiators in bathrooms and bedrooms had not been covered and may pose a risk to people living in the house. Due to the high level of staff support in place for people currently living in the home, this did not pose an immediate risk to people's safety. However, the provider needs to be aware that as new people move into the home, it may be necessary to take action to mitigate these risks.

Health and safety checks were in place; however, these were not always carried out as required. For example, we saw that the legionella risk assessment required regular flushing of unused water outlets; there was no record that this had been completed. Shower head descaling was required three monthly, however the dates that this had occurred had not been recorded. Following the inspection, the provider arranged for an external survey to ensure compliance with Legionella safety measures.

Fire safety checks had not been recorded as regularly as required by the provider's policies and procedures. There were no records available of weekly fire checks since January 2018 or daily checks since October 2017. The registered manager believed that these checks were being completed but was unable to provide records to reflect this.

Other checks to maintain the health and safety of the environment had been completed as staff regularly completed checks of hot water temperatures and fridge temperatures. There was also a weekly health and safety check of the house and garden.

Safe recruitment procedures were carried out by the service. We looked at staff files, which showed that staff employed had a criminal records check, and references and identification had been obtained before new staff started working at the service. However, the provider needs to ensure that all agency staff profiles contain the required information to enable them to assure themselves of the suitability of agency staff to provide people's support. (Agency staff profiles are provided by the staffing agency and contain employment and training information for individual staff supplied to the provider). We saw that one agency staff member's profile did not contain details of their criminal records certificate. Another member of agency staff had a criminal record certificate recorded that did not relate to their job with the staffing agency. We discussed this with the registered manager who understood the need to ensure all necessary information was provided before agency staff were deployed in the home.

Staff were deployed effectively to meet people's needs, as staff were specifically allocated to people based on the support they required. However, at the time of inspection, the service was reliant on very high numbers of agency staff to provide people's support. To mitigate the impact and potential risks of using high numbers of agency staff the provider had ensured that the same agency and staff were used consistently. This was reflected in the comments made by people's relatives and staff. One person's relative said, "They [provider] have introduced new staff slowly, there are regular staff and I have confidence that they know [person's name] well." We spoke to agency staff that were working in the home one the day of inspection and one member of agency staff told us, "I have been working here almost two months and do on average two to three night shifts a week. I regularly see the managers, I worked a night shift with [nominated individual] they did a sleep-in shift."

The management team were very involved in the daily running of the service and regularly provided people's direct support. Our observations during the inspection were that people were safely supported by the correct amount of staff to meet their assessed needs. Staffing rotas also reflected consistent staff deployment.

People felt safe and comfortable with the support they received. One person's relative told us, "They [staff] have taken on board what has happened in the past [in other services] and make sure there are enough staff to keep [person's name] safe." We observed that people appeared comfortable with the support staff were giving them.

We talked with the staff about safeguarding people from abuse, and they understood the correct procedures to follow. One member of agency staff said, "I have no concerns about safeguarding here. If I did I would speak to [senior support staff] or the manager. I can also speak outside and whistle blow." Staff were confident that concerns would always be followed up promptly by senior staff.

The service supported people with learning disabilities, autism and mental health needs who may at times display behaviours that challenge. We saw that comprehensive risk assessments had been created to identify risks that were present for each person. Risk assessments were personalised and clearly explained how staff should support people. Behavioural support plans described what might trigger a certain feeling or behaviour for a person. These included how social and emotional support should be provided for people with complex needs. Risk assessments covered areas such as; community access, mobility and mental health.

Staff explained in detail what triggers people may have, and the best and least restrictive way to make sure people were safe. Staff we spoke with felt that they could keep people as safe as possible, whilst also promoting people's independence. One member of staff said, "Any aggression has an underlying reason. We [staff] know the triggers and de-escalate the situation."



People were protected by the control of infection. The home was clean and we saw that regular cleaning took place. Cleaning schedules were completed and people were supported to take part in cleaning and tidying their environment. All necessary equipment was available to make sure standards of cleanliness were maintained. Staff carried out regular checks of the cleanliness and suitability of equipment and the environment to minimise the risk of the spread of infection.

Staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. Records showed that the circumstances of any accidents and incidents were reflected upon and changes to people's support implemented when needed. Where people had been involved in an incident related to their behaviour, these were recorded and reviewed to agree whether any changes were required to their support.

## Is the service effective?

### Our findings

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Systems were not implemented to ensure that people's capacity to consent to their care and support was sought. We found that people supported by the service were not able to consent to all aspects of their care. However, there was no record of mental capacity assessments being undertaken or best interest decisions being made on behalf of people. This was discussed with the registered manager, they told us that mental capacity assessments had been undertaken by people's social workers, but they were not able to show us copies of these.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Although mental capacity assessments were not carried out when required, the registered manager and staff had recognised when people required a DoLS to be applied for. These had been applied for as necessary.

Staff were able to demonstrate an understanding of the key principles of the MCA and described how these informed their practice. They told us how they supported people to make their own choices and asked for people's consent before providing their support. During our inspection, we saw that people were asked what they would like to do, what to eat and drink, and if they wanted to go out. Staff made sure to give people choice, wherever it was possible.

People could not be assured that their care was provided by staff with the necessary knowledge and skills. The registered manager was not able to provide a comprehensive record of the training that staff had received. We saw from staff's individual records that some online mandatory training had been provided; for example, training in safeguarding, medicines and fire safety. However, there was no evidence that staff had received training to support them to meet the complex needs of the people they were supporting. For example, specific training in learning disabilities or supporting people's mental health and behavioural needs. The registered manager stated that staff had received this training but there were no records available to support this.

We reviewed the training information available for the agency staff that were working in the home. We saw that records of their training were incomplete and there was no date available to show when some of the training had been completed. The provider was relying on high numbers of agency staff. They had not assured themselves that these staff had received appropriate training to enable them to support people appropriately.

Permanent and agency staff had received a thorough induction into the home and did not support people independently until they were deemed competent to do so. People's relatives and staff felt that staff were fully able to meet their needs. One person's relative said, "Yes, I do think staff have good knowledge, they work with [person's name] well." One member of agency staff told us that senior staff had completed a thorough induction with them that covered people's needs, medical requirements and health and safety and that they had shadowed experienced staff before working independently in the home.

The registered manager told us that they provided regular supervision to staff but were unable to show us any records of supervisions that had taken place. Without regular, recorded supervision there was a risk that staff would not have the opportunity to reflect on their work. Staff said they were well supported and that they could approach the management team at any time for guidance and advice. One member of agency staff said, "I prefer coming here to anywhere else, the managers are very supportive."

People's needs were met by the adaptation and design of the premises. However, some areas of the service needed re-decoration and refurbishment. For example, door handles were loose, there were tiles missing in the bathroom and light fittings without shades. The provider recognised that a programme of maintenance and refurbishment was required and had plans in place to carry this out. The provider needs to ensure that the refurbishment is completed in a timely manner.

People had access to a large garden area with an area set aside for seating. However, the seating area was in a poor state of repair and the garden was overgrown with weeds. This was discussed with the registered manager, who agreed to arrange for the work that was required to make the outside space a more pleasant area for people to spend time to be undertaken.

People received comprehensive pre-assessments before the service agreed to provide their support. These involved other professionals involved in people's care and support and family members if appropriate. One person's relative told us, "They [staff] listened to [person's name's] learning disability nurse, they took on board what they were told and they also wanted to hear my view." Thorough pre-assessments ensured that staff had the knowledge and skills required to meet people's needs. People were also provided with sufficient information to make the decision about whether they wanted to receive support from the service.

People were supported to eat and drink and maintain a healthy balanced diet. People's needs with regards to eating and drinking were regularly assessed and plans of care were in place to mitigate identified risks. People's care plans clearly documented what their preferences were, and any dietary requirements were observed by staff.

Staff knew people well and provided them with the food they enjoyed. A weekly menu was displayed in the kitchen showing the food people had chosen for their meals for the week ahead. Staff described how they always spoke to people about their food choices and gave different options for meals. People received regular support to go shopping for their own food. During the inspection we saw that one person was supported by staff to do some baking.

The service worked and communicated with other agencies and staff to enable effective care and support. This included effective communication with health and social care professionals from different local authorities and teams. One person's relative told us, "[Person's name's] learning disability nurse has been involved in regular meetings and updates, particularly at the beginning. However, it doesn't need to be so frequent now that they are more settled." We saw records of review meetings involving multidisciplinary professionals, where action had been taken in response to their advice. Records were kept by the service in relation to all other professionals involved in people's support, and the service communicated effectively with others for the benefit of the people using the service.

People had access to the health care support they needed. One person's relative told us, "Medically they make sure [person's name] has all the checks they need. They are having investigations for [medical condition] and staff have sorted these out ...they had a chesty cough and they arranged for them to go to the doctor, they also take them to the dentist." Care plans included detailed information about people's health requirements and any input from health professionals, for example dentist, GP and mental health professionals. Staff had up to date knowledge of people's health requirements and the input they were receiving.

# Is the service caring?

## Our findings

People were treated with compassion, respect and kindness. One person's relative said, "When they [staff] assess other people for the house, they think about [person's name] and how they will get on together... They also introduced staff slowly to [person's name] so they can get to know them, they're very good... I have no concerns, they couldn't have done more to make [person's name] feel welcome."

We saw that staff, interacted with people in a positive and friendly manner and clearly knew people well. When people appeared to become worried or anxious, staff listened to them and gave them the time they needed to communicate their feelings. We saw that staff understood the individual signs which people may display to indicate they were unhappy or anxious, which meant that people received appropriate support when they needed it.

Staff spoke of people they supported in a caring and compassionate way. They could demonstrate their knowledge of people and tell us what was important to people, their likes and dislikes and the support they required. One member of staff said, "I like working with [people's names] we have a bond and I feel I know how to support them in the best way. [Person's name] likes to keep busy, it's important to speak slowly and clearly and give reasons for what we are doing." People had been able to bring pets with them to the service; it had meant a lot to one person to be able to keep a small pet that staff supported them to care for.

Care plans recorded the background, support needs and abilities of each person. There was detailed information about each person so that staff understood each person's personality, likes, dislikes and support needs.

People felt involved in their own care and support, they had been included in plans and discussions about how their support would be provided. One person's relative told us, "[Person's name] is involved as much as they can be, they are always involved in planning their day and choosing what they want to do." Consent forms were signed by people where appropriate to indicate their agreement and involvement, for example consent for staff to support them with their medicines.

People had meetings with their keyworker, where they could discuss different areas of their lives and how they wanted to be supported. We saw records of these meetings where people had talked about significant events that had affected their well-being, menu planning, social activity plans and budgeting. It was evident from the records that people engaged fully in these sessions and gained satisfaction from having their voice heard. We recommend that the provider ensures that these meetings are held more regularly to ensure people have sufficient opportunities to be involved in decisions relating to their care and support.

Information could be provided to people on using independent advocacy services. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known. The provider knew how to support people to access the help of an independent advocate; however, at the time of the inspection, no people using the service were currently using the services of an independent advocate.

People were supported to be as independent as they were able to be; staff encouraged each person to achieve as much as they could by themselves. Staff clearly felt proud of people's achievements. One member of staff said, "We chat with people, talk to them and explain things. [Person's name] has improved since being here, we will be doing some baking together later." We saw that staff facilitated one person's attendance at a supported employment scheme. The work they did at the scheme helped them develop key skills that would increase their confidence and independence.

People's privacy and dignity were respected at all times. We observed that staff knocked on people's doors and were conscious of their privacy. People's care records contained examples of staff working with people to maintain their privacy and dignity.

Confidential information regarding people's care was stored securely and only shared with people's consent on a need to know basis. Staff were aware of the need for confidentiality with regard to personal information. One member of staff told us, "We don't talk to other people about the service users, it's about respecting their privacy. We only tell people who need to know."

# Is the service responsive?

## Our findings

People received care that was personalised and responsive to their needs. People had care plans in place, which contained detailed information about how people wanted their support to be provided. This included information such as people's background, any cultural or religious requirements, mental health needs and people's communication needs and preferences. For example, where people had received support from multidisciplinary professionals and had been provided with communication tools to support their communication this was clearly recorded.

Staff understood how to respond to people's needs and provide personalised care. We saw that regular reviews of people's support needs and progress were undertaken. These reviews involved all the people involved in the person's support; discussions and any agreed actions were clearly recorded.

Care planning was personalised to people's needs. Care plans that we looked at showed us people were involved in deciding how their support would be provided, and that their choices, likes and dislikes were clearly outlined for staff to follow. The information in people's care plans guided staff to respond to each person in a way that they were comfortable with.

Care plans included information covering any specific triggers that may lead to behaviour of concern. There were clear instructions for staff to follow in such instances with added guidance on reducing the risk of future incidents.

Staff were made aware of any changes to people's care needs through regular handover of information meetings, during which, changes to people's care needs were discussed and staff updated. Staff used the information they received at handover to ensure that people received the care and support they required.

People were supported to take part in hobbies and social activities, which reflected their interests. We saw throughout the inspection that people were occupied and active and had individual schedules of activities that they had been supported to devise. Staff were available to ensure people were involved in activities they enjoyed and we saw that staff supported people to go out when they wanted to. Activities that people had chosen included music therapy, going out for walks, going shopping, using the computer and baking. Staff had recently supported one person to enjoy a night in a hotel and a visit to a site of historical interest that they particularly wanted to see.

People's individual daily plans also included activities designed to increase their skills and independence, for example; household tasks such as cleaning and helping to cook dinner.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People's care plans referred to the involvement of speech and language therapists to support people's communication needs. We saw that there were many examples of easy read and pictorial guides for people

to use to understand information and make informed choices.

People and their relatives were encouraged to raise any concerns or complaints. The service had not received any complaints but people and their relatives said they knew who to speak to if they had any complaints. One person's relative said, "They are very good, very thorough and I can always speak to someone if I have any concerns." The procedure to make complaints was available in an accessible format. Staff were knowledgeable about the complaints procedure and knew who to report to if someone made a complaint.

The service did not routinely support people with end of life care; but systems were in place to support people with decisions in this area should they need to.



## Is the service well-led?

### Our findings

Improvements were required to the quality assurance systems in place to monitor the quality and safety of the service. We saw records of a monthly audit to be completed by the registered manager that covered all areas relevant to the operation of the home. However, this audit had not been undertaken since November 2017. Because of a lack of systematic auditing, the provider and registered manager were not aware of the concerns identified during this inspection.

The provider had arranged for an external consultant to carry out an audit of all areas of the service in December 2017 and an action plan had been created as a result of the audit findings. However, during this inspection we saw that the improvements implemented had not been sustained or embedded.

Staff told us that weekly and monthly medicines audits were undertaken by senior staff and the registered manager. However, these audits were not recorded and had not identified the concerns found with medicines record keeping during this inspection.

A lack of environmental audits meant that the concerns relating to health and safety and the environment highlighted during this inspection had not been identified or addressed. A health and safety audit had been undertaken in January 2018, however this had not resulted in the actions required to ensure that the environment was safe and all relevant health and safety checks were in place.

Improvements were required to the management of staff training and supervision. Accurate records were not available to demonstrate the training and supervision that staff had received. Agency staff profiles were incomplete. They did not contain all relevant information regarding the suitability of staff to work in the home or the training they had received.

Staff demonstrated their understanding of MCA and the need to ensure that people's care and support was provided in the least restrictive way. However, there was a lack of recorded MCA assessments and best interest decisions in place for people. The registered manager had not identified that the principles of the MCA had not been implemented appropriately; there was a risk that care would be provided to people that was not in their best interest.

This constitutes a breach of regulation 17(1): Good governance of the HSCA 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection, it appeared that we had not received statutory notifications of incidents that had occurred in the home. These are notifications that are required to be submitted by the provider to CQC by law and we are currently looking into this matter.

A registered manager was 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.

The service had a clear vision and values, of providing respectful, individualised support that all staff were committed to working together to achieve. This was reflected in what staff told us. One member of agency staff said, "The service users are the main priority here, meeting their needs. They [senior managers] have made me feel like a regular member of staff, they are so respectful of service users and staff."

The service had an open culture where staff had opportunities to share information; this culture encouraged good communication. We saw that the atmosphere within the service was positive and friendly. The directors and registered manager were all involved in the day to day running of the service and this included providing people's support. People and staff told us that the management team were approachable and supportive and had a good awareness of what was happening in the service. One member of agency staff said, "They are always available to give help or advice if we need it."

People were supported to be an active member of their local community. Staff regularly supported people to access local shops, social activities and appointments. People were also supported to access local community support schemes.

Team meetings took place, which covered a range of subjects. We saw minutes of meetings held, and these reflected an open and transparent culture with discussions about health and safety, medicines, service users, training and future plans. The last meeting had been held in April 2018, the provider needs to ensure that these meetings continue to be held on a regular basis whilst the service recruits more regular staff.

The people using the service and their relatives were able to feedback on quality. We saw that quality questionnaires had been sent out to people and relatives; responses received were positive. This provided people with the opportunity to make their views known on the service they received.

The service worked in partnership with other agencies in an open honest and transparent way. Safeguarding alerts were raised with the local authority when required. The provider also shared information as appropriate with health and social care professionals; for example, social workers and health professionals involved in commissioning care on behalf of people.

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 provider did not have suitable processes in place to monitor the quality and safety of the service.</p> <p>Improvements were required to the management of records.</p> <p>17(1)</p>