Embrace Lifestyles (FL) Limited

Marlborough House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
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 the 06 and 07 July 2016 and was unannounced. Marlborough House provides accommodation and support for up to nine people who may have a learning disability and autistic spectrum disorder. At the time of the inspection nine people were living at the service. The previous inspection on 23 and 24 June 2015 found one breach of regulation 17, an overall rating of requires improvement was given at that inspection. Detail in records and guidance was lacking for staff to follow to support people with their care and treatment. When people were prescribed occasional medicine such as ear drops the amount required had not been documented. A falls risk assessment had not been available during the inspection and guidance around a person managing their diabetes did not detail enough information to support the person in a timely way. The provider had resolved the issues raised at the previous inspection which were no longer a concern at this inspection.

Each person had a single room and there were two shower rooms and a bathroom, kitchen, dining room, lounge, activities room and snug. There are two small accessible gardens, which are totally paved with seating and pots at the rear of the service.

The service had an established 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.

Care plans were difficult to navigate and find relevant information due to the vast quantity of paperwork, some documentation was repetitive and complicated. However, staff could demonstrate a good knowledge and understanding or people's individual needs, meaning the impact this had on people was minimal.

Other parts of the care plans were detailed, informative and person centred. People were fully involved in the planning of their care if they wished and input from other relevant individuals was sought.

There were safe processes for storing, administering and returning medicines. Medicines were administered by trained staff who were regularly competency checked by the registered manager.

Staffing was sufficient and flexible to meet people's needs; staff had time to respond to people's needs in an unrushed way. People were given the time to communicate at a pace that suited them. People were protected by the service using safe and robust recruitment processes.

People's health needs were responded to promptly and healthcare professionals said they felt well informed about people's needs when they changed.

Staff understood that although they had a duty of care to help keep people safe, people were also free to make their own choices even if this could increase the level of risk to that person. The risk of harm to people

was reduced as robust risk assessments had been implemented.

Accidents and incidents were recorded and audited to identify patterns and the registered manager used this as an opportunity to learn and improve outcomes for people.

Staff had appropriate training and experience to support people with their individual needs and demonstrated a clear understanding of the people who lived there. Staff said they felt well supported by the registered manger and were able to talk to them at any time.

Staff demonstrated caring attitudes towards people. People felt confident and comfortable in their home and staff were easily approachable. Interactions between people and staff were positive and encouraged engagement.

People were helped to complain and were supported throughout the process to understand what their rights were and how their complaint would be handled. People were given information in a format which was suitable for their abilities.

People were supported to maintain contact with relatives and friends and were encouraged to practice and develop their life's skills. People could choose to participate in a variety of recreational activities.

The registered manager had good oversight and direction of the service People were included and encouraged to be involved in the continuous improvement of the service. The provider had listened to people and acted on feedback. The provider strived to continually improve the service to improve the lives of the people living there.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this 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.

There were enough staff to support people and meet their individual needs.

People received their medicines safely.

There were detailed risk assessments which were person centred.

Accidents and incidents were recorded and audited to identify patterns.

Is the service effective?

Good

The service was effective.

Staff had received the training they required to be able to support people with their needs.

Staff said they felt well supported by the registered manger and were able to approach them at any time if they required help.

People's health needs were responded to promptly and people were supported to access professional healthcare when they required this.

Is the service caring?

Good

The service was caring.

Staff spoke to people in a kind, patient and engaging way. Staff took the time to listen to what people were telling them and supported them to communicate with other people.

People were treated with respect and dignity.

People were supported to maintain contact with relatives and friends.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed, informative and person centred.

There was a complaints procedure available for people should they be unhappy with any aspect of their care or treatment.

People were offered varied activities to meet their individual needs and interests.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Some documentation was difficult to navigate and find relevant information due to the vast quantity of paperwork.

The registered manager had good oversight of the service and there was a clearly embedded culture, staff had good attitudes.

People's feedback was sought so improvements to the service could be made. People were put at the centre of the service and were treated as equals.

Marlborough 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.

This inspection took place on the 06 and 07 July 2016 and was unannounced. The inspection was conducted by one inspector. Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. The provider had not received a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during the inspection.

During the inspection we spoke with nine people, five staff, the registered manager, and the regional manager. After the inspection we received feedback from one relative and four healthcare professional. Some people were not able to express their views clearly due to their limited communication, others could. We observed interactions between staff and people. We looked at a variety of documents including four peoples support plans, risk assessments, activity plans, daily records of care and support, three staff recruitment files, training records, medicine administration records, and quality assurance information.

Good

Is the service safe?

Our findings

A relative said, "Yes my relative receives safe, effective care, most definitely. The home always looks clean & well maintained. There's always a sufficient staffing level". A healthcare professional said, "There appears to be enough, competent staff on duty all the time and the staff appear to be kind and caring in their approach".

There were safe processes for storing, administering and returning medicines. People had individual assessments around how they liked their medicines to be administered and staff that administered medicines were trained to do so. When people were helped to take their medicine staff did this in an unhurried and person specific way. The registered manager and team leaders competency checked any staff that dispensed medicines to ensure good practice continued. Regular audits monitored errors, dates that creams or ointments had been opened, temperature checks to ensure safe storage of medicines had been completed and occasional medicine (PRN) protocols were up to date.

Staffing was sufficient and flexible to meet people's needs. Three staff were available between 730am until 10pm, at night one staff member slept on the premises. The registered manager would cover any shortfalls if there were not enough staff to cover shifts. People were responded to quickly when they asked for assistance and staff had enough time to engage with people in an unhurried and meaningful way. There was an on call system covered by the registered manager and team leaders should staff require guidance or support at any time. There was a rota displayed within the service using photographs, so people knew who was going to be on duty.

People were protected by the service using safe and robust recruitment processes: Employment gaps had been explored, references and photographic identification obtained and Disclosure and Barring Services (DBS) checks made. These checks identified if prospective staff had a criminal record or were barred from working with adults. All staff were subject to a rolling DBS check every three years to further safeguard people.

A healthcare professional said, "Risk management is good, my client had a fall, and whilst in recovery the home was adapted to suit their needs". Another healthcare professional said, "All incidents have been reported to me on the relevant forms". People had their own individual risk assessments according to their needs. An initial screening assessment form was used to identify areas that may pose more of a risk to the person such as behaviour, environment, fire and daily tasks. Risk assessments described actions to be taken to reduce risk, identified potential outcomes and were reviewed regularly to reflect any changes of the person's needs. There were environmental risk assessments to help reduce the impact of harm to people. People had individual personal emergency evacuation plans (PEEPs) that staff could follow to ensure people were supported to leave the service in the most appropriate way in the event of a fire. Fire evacuation drills were conducted to practice how peoples PEEPs would be put into practice.

Staff understood that although they had a duty of care to help keep people safe people were also free to make their own choices even if this could increase the level of risk to that person. The registered manager

said, "We are working on the principle if something hasn't happened for a long period of time it's not a risk. It's about looking at things with fresh eyes". The registered manager explained that they encouraged and supported people to take informed risks to promote their independence. One person had been putting themselves at risk when pursuing a particular interest. Instead of preventing the person from continuing, alternative methods of continuing with this activity were explored. Staff supported the person to understand the various options available.

Accidents and incidents were recorded and audited to identify patterns and the registered manager used this as an opportunity to learn and improve outcomes for people. There had been a recent medicine error. To learn from this event, all staff re-visited e-learning training and the incident was discussed with the local authority safeguarding team. Appropriate checks were made to keep people safe. Safety checks had been made regularly on equipment and the environment. This included kitchen equipment checks, fire equipment, window restrictors, electrical and gas safety checks. There was a keypad system on the front door which had been installed as a recommendation from the fire risk assessment. The registered manager said all people knew the code for this door so were able to move freely from the inside to the outside of the home should they wish.

Staff were aware of their responsibilities in relation to keeping people safe. Staff were given sufficient training in recognising and reporting abuse and knew how to refer to outside agencies if they had any concerns. Whistleblowing and safeguarding guidance was available for staff to refer to should they need to raise concerns about people's safety. Staff knew how to whistle blow and report any concerns to their manager and also to external agencies such as the local safeguarding team or The Commission.

Good

Is the service effective?

Our findings

A relative said, "They appear very open, proactive and responsive to my relatives changing needs". A healthcare professional said, "The service responds very quickly to change in needs".

Staff had appropriate training and experience to support people with their individual needs and demonstrated a clear understanding of the people who lived there. Records showed that all staff members received essential training as well as additional training to support them with their roles. Mandatory training included; fire awareness, medicines, first aid, infection control, health and safety and safeguarding people. Additional training was offered to staff in specialised areas such as epilepsy, diabetes and bipolar disorder, schizophrenia and Makaton. Makaton is a language programme using signs and symbols to help people to communicate. One staff said, "We have recently learnt Makaton. Two people will use it but do different signs so we're trying to get to grips with it". Staff demonstrated the appropriate skills and knowledge to support people with their needs. They were able to describe how they would respond to different situations which may arise for example; if a person required assistance if having a seizure or how they would support a person who was displaying behaviours which could challenge others.

Staff were encouraged to gain qualifications in health and social care while working at the service. Nine staff had obtained a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Regular supervision was offered to all staff and conducted by the registered manager. A staff member said, "I get supervisions often, if any problems I can talk about them in my supervisions and action does happen, I feel listed to". Before staff had their supervision people were asked to complete an opinion form about the staff member. Questions on the form included, 'How would you describe the staff member', 'Would you recommend them?', and 'How are they around the home?' The registered manager fedback this information in the supervision so the staff member could reflect on their practice. The registered manager said; "We thought about how we could include people in supervisions. Getting feedback for supervisions seemed more meaningful".

The registered manager said any new staff completed The Care Certificate as part of their induction. The Care Certificate was introduced in April 2015 and is an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. The service had not employed any new staff recently but competency tests had been carried out with existing staff to see if completing parts of The Care Certificate would be of value. Newly appointed staff would shadow existing staff for several weeks until competency was assessed by the registered manager.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager. They demonstrated a clear understanding of the process that must be followed if people were deemed to lack capacity to make their own decisions. 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. 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. When complex decisions were made about people who were unable to fully consent best interest meetings were held. Nobody was subject to a DoLS to deprive them of their liberty and the provider was working within the principles of the act. We observed recorded documentation of how the service had responded to meet the requirements of this law and the needs of the people living there.

A relative said, "My relative enjoys mealtimes very much". A healthcare professional said, "If there are any concerns about someone's nutrition and hydration, appropriate help is always sought e.g. appointment to the GP to establish any underlying causes". People were asked as a group to choose the weekly menu. People were encouraged to make their own choices around food and staff responded to peoples request appropriately. During the inspection one person told a staff member they did not want what was being offered for dinner. The staff member told the person this was fine and offered them an alternative choice. One person needed to have their food prepared in a specific way to reduce the risk of them choking. This person had been referred to the speech and language therapist (SALT) who had provided guidance to support them to eat safely. Staff had good awareness about this persons specific needs and put into practice the advised recommendations.

People were supported well to monitor their health care requirements. A relative said, "Risks to my relatives health and welfare is monitored and managed very well". A healthcare professional said, "Risks to people's health and welfare are paramount, and are identified and managed well". One person had epilepsy and regularly had seizures. During the night assistive technology in the form of a sensor matt was used to monitor if this person was having any seizure activity. If activated, the sensor matt alerted the sleep in staff member by means of an audio alarm. This was a less intrusive way of monitoring the person's health whilst still respecting their privacy; the person had consented to this piece of equipment to be used. People were supported to attend health appointments. Appointments were documented and followed up and staff communicated with the rest of the staff team any information which may need to be shared to support the person following appointments attended. Each person was assigned a key worker who would produce a key worker report to monitor health needs and follow up appointments which may be missed.

Good

Is the service caring?

Our findings

A relative said, "My relative is very happy and content living there and I am delighted with their care provision. I find that the service cares about their resident's wellbeing and needs very well. Staff are very caring and committed to the needs of the residents". A healthcare professional said, "The manager is extremely respectful of all the clients and all staff reflect this in their kind and caring approach".

Throughout our visit people came and went as they pleased and had several areas where they were able to spend time, such as the garden, the lounge, the activities room, their own room or the snug, which had some sensory equipment. The registered manager had an open door policy, and we observed people frequently coming in and out of the office to talk to them. People were always spoken to in a dignified and respectful manner, it was apparent that people felt confident and comfortable in their home and that the staff were easily approachable. A person and staff member sat in the garden together drinking a cup of tea and chatting in an unhurried, relaxed and sociable way.

All people had keys to their individual bedrooms which maintained their privacy; some people chose not to keep their door locked. People's bedrooms were decorated in a personal way and they had many objects such as stuffed toys and photographs to make their rooms feel homely and comfortable. One person showed us their bedroom, they said, "I'm happy with my room, I haven't finished decorating it yet. I like my bed; it's good for my back". Staff knocked and asked for permission before entering people's bedrooms. People's choices were listened to and respected. One person told the registered manager they did not know if they wanted to go to the disco later. The registered manager said this was fine, they could decide nearer the time.

Throughout our visit we observed many interactions between people and staff which were positive and encouraged engagement. A healthcare professional said, "My clients report that they like the staff and they appear to have a good rapport". The registered manager said that some people had life history documentation; other people did not have much documented information when they moved into the service. Although some people's histories were unknown, staff had built up good relationships with people and understood them well.

Most people's aspirations were recreational. For example, one person wished to go to Euro Disney. This aspiration had been fulfilled and the person showed us the pictures of their trip. When they had difficulty explaining something about the photographs staff intervened at the appropriate time to help the person communicate but encouraged them to tell their story in their own way. Another person had a fear of flying but wished to visit their relative in another country. Staff spent time working with this person to combat their fears and they visited their relative twice by aeroplane.

In the evening we saw people and staff come together for their evening meal. One person said, "Look spaghetti, I like it". People were relaxed and chatting to one another in a friendly way. Staff responded to people when they made requests for sauces, and other condiments. People's religious needs were met; one person was supported by staff to their place of worship. Most other people did not wish to practice religion.

If people needed help to make specific or complex decision they were supported to obtain advocacy services.

The service had received three compliments from relatives and other outside professionals. Comments included, 'I have been impressed with the kind and courteous staff here and the approach they have in difficult situations'. Another compliment said 'I have been very satisfied and impressed with the care and support given. My relative is so happy and content. I am delighted that it suits my relative and their needs so well, lots of activities and outings, health and wellbeing is given priority. All work extremely professionally, helpful and caring. Atmosphere welcoming, homely, lovely'. Another compliment said 'The manager is extremely professional, knowledge and caring towards individuals. Service users are happy; I have to say this is one of the very best care homes I have the privilege to work with'.

Good

Is the service responsive?

Our findings

A healthcare professional said, "The manager is very professional and very much person centred in advocating clients rights and choices, and is also very well-liked by my clients". One person said, "I'm going dancing later at the disco, I like dancing".

People were fully involved in the planning of their care if they wished and input from other relevant individuals was sought. One person's care plan contained behaviour guidance that had been created with input from the learning disability nurse and psychologist. People's permission had been sought when documentation was read by other healthcare professionals. Each person had a key worker who made monthly reports to review and assess if the persons current needs were being met or had changed, this ensured good oversight of each individual person.

People benefited from care plans which were detailed and informative. Within people's care plans were support plan evaluations which gave an overview of the person's most important needs. Care plans contained more detail in specific areas including physical health and wellbeing, medication routines, communication, morning routine, positive behaviour support, and hospital passports. This meant staff had clear guidance to follow to support people with their individual needs in a personalised way. People had health action plans with specific information about their health needs. Documents gave a good level of detailed guidance to inform staff of how to deliver person specific care. When documents contained photographs, pictures of the real object or room were used to help the person recognise and make links to the information which was given.

A healthcare professional said, "I feel that the service is well led and is particularly good at looking at individual needs and ensuring that everyone has the opportunity to reach their full potential". An adult residential assessment form had been introduced to prioritise key areas for self-development. People's abilities would be assessed and rated using a set criteria. For example a person may be rated as; '4. I can do this with verbal prompts' in regards of brushing their teeth. The assessment form would then indicate what the target was for the person to reach which could be; '5. I can do this with only occasional checks'. This demonstrated that people were being continually encouraged to increase their independence and skills set.

People were given information in a format which was suitable for their abilities. In the activity room numerous folders of information were available for people to look through at any time. This included easy read information about medicines, the services statement of purpose and service user guides. The registered manager said when new policies were introduced key workers talked through them with people in their meetings as it was important they should be included in all aspects of the service. Each person had a one page support plan in their bedroom. This included the most relevant and important information about the person in an easy read format with pictures of relevance. Information included, 'What I like now', 'What I don't like' and 'My strengths'. This was useful as a quick reference for staff to use to support people with their needs. Staff said people liked this format better as they did not want lots of documentation in their personal space.

People chose to participate in a variety of recreational activities. During the inspection some people went to the beach to have ice cream and collect shells, others went to a day centre. One person showed us the shells they had collected and said they had enjoyed their ice cream, which they ate quickly so it wouldn't melt. Other outings were organised for people when requests were made. Recently some people had visited Harry Potter World, a war memorial and had been to an animal park. The provider's website displayed pictures and descriptors of the activities and events people had been involved in. There were pictures of people participating in the garden project which was titled 'Transformation at Marlborough House is Bloomin' Marvelous!' Peoples consent had been gained before their pictures were displayed on the internet. Other activities that people could do included attending the adult education centre, swimming, going to the gym and disco at day centre on Thursday evenings. Two people had been on holiday to Brighton the previous month.

People were supported to maintain contact with relatives and friends. Some people frequently had visits home. One person came to the office to speak to the registered manager about arranging a visit home. They discussed what happed at the last visit and the registered manager assured the person they would arrange the times and dates for their next visit with their relative. The person was happy with this response and thanked the registered manager.

People participated in activities within the service; two people were completing a complicated jigsaw puzzle whilst another person watched. A games console and various other board games were available for people to use at their leisure. People had requested more dancing games for the games console. People had been asked to choose which ones and these had been purchased. People had also requested a digital radio in the communal areas which had been bought.

People were encouraged to practice and develop their life's skills. Laminated booklets which included pictures and simple descriptions of how to perform tasks were available to guide people. For example there was a booklet about managing money which showed pictures of coins and booklets about making toast and using the dishwasher. Booklets gave step by step information written in a clear and simple format which people could follow to successfully complete their chosen task. Key workers would keep records of life skills so progression could be encouraged.

There was a sense of inclusion within the service and people were treated as equals. A staff member said, "We like to do things together, we will watch the football match later as a group and prepare snacks". People were allocated their own tasks within the service to promote independence and responsibility; people could negotiate if they did not want to do particular tasks. During the inspection some people were completing their allocated tasks, one person was polishing the banisters on the staircase which they said they liked to do.

People had their own monthly meetings held collectively as a group. Each person was given the opportunity to feedback any areas of the service they wanted to improve and any particular interests they wanted to pursue. At the most recent meeting in June 2016 people had discussed when they wanted to do home visits, when they wanted to go to boot fairs, go bowling and swimming. Within the meetings peoples discussed how they agreed to respect and live with one another. For example, people all agreed to remember to flush the lavatory and wash their hands after using the bathroom.

The service responded to complaints appropriately and had robust systems in place; an easy read format was available for people who may need it. When concerns or complaints were made these were recorded and follow up action taken and recorded. Staff understood the complaints procedure. There was simple description which gave information about who people could talk to and how their complaint would be

handled. The easy read complaints policy gave people information about who to contact outside of the service if they were unhappy with the response given or action taken by the provider. During the inspection two complaints were made by people regarding the failure of a piece of equipment in the service. Their complaints were dealt with in line with the services policy. People were supported throughout the process to understand what their rights were and how their complaint would be handled.

Requires Improvement

Is the service well-led?

Our findings

A relative said, "Yes, the manager is very committed and caring and provides good leadership and ethos". A healthcare professional said, "I have always experienced prompt responses to any contacts I have made. The service appears to be well led".

Care plans were difficult to navigate and find relevant information due to the vast quantity of paperwork, some documentation was repetitive and complicated. We asked a staff member to locate a specific piece of information in a person's care file. They were unable to do this and said "There's too much information in here". They had to ask the registered manager to find the document which we required which they did after several minutes. Although files were not user friendly they did contain the required information to support people with their needs. The risk to people not receiving the appropriate support was minimal as staff demonstrated they understood and knew them well. However, should a new staff member begin employment understanding the care plans would prove difficult and time consuming.

During the inspection the regional manager visited the service to give a supervision to the registered manager. They said, "We are working with an outside organisation to look more at personalisation. They are helping us re-design the care plans to be more person centred. At present there is a vast amount of information which is unnecessary and duplicated". Some of the information kept in peoples files were no longer relevant. For example if a support plan or risk assessment had been updated the old document was stored behind the newly implemented one. This could potentially be a risk if documents were moved or filed incorrectly and staff may refer to previous information rather than the current version. The provider's quality department had listened to feedback regarding care plans needing to be more stream lined and user friendly. Planned meetings had been organised to do further work in this area. The registered manager and senior management team were included in this process.

Records relating to the care and treatment of people were not fit for purpose, staff were unable to refer to records and find information in a timely manner. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had good oversight and direction of the service; they said they felt well supported by the senior management team. There were well established aims, objectives and a clear vision. Through our discussions with people, the staff, management and other outside professionals it was clear that the people who live in the service were put at the centre of everything. Staff felt well supported and confident in the registered manager's approach and leadership. A staff member said, "We are lucky to have our manager they are lovely. I get enough support and training". Another staff member said, "We all get on well, it's a good staff team here which makes you want to come to work. We all co-operate and muck in".

People were included and encouraged to be involved in the continuous improvement of the service. Two people had recently provided educational talks at staff meetings. One person discussed fire safety another person presented a talk on diabetes. The registered manager had supported both people before the meetings to discuss how they would structure their presentations and had helped them to produce

meaningful visual aids in a format which was suitable. The registered manager said they would continue to encourage people to participate in further meetings as this had been educational for the staff and a success for the people involved.

The provider had listened to people and acted on feedback. People had completed 'Your care rating resident's survey' this was an easy read pictorial questionnaire which encouraged people to make suggestions of how they wanted the service to improve. Following the analysis of the completed surveys a games table had been purchased for the activity room, the dining room chairs had been replaced, people could have the option of a fried breakfast at the weekend, the lounge had been re-decorated, and more pictures had been put up around the service. When the lounge had been re-decorated all people were given a variety of wallpaper sample to choose from, the wall paper with the most votes was chosen.

The provider strived to continually improve the service to improve the lives of the people living there. Monthly provider visits were conducted to identify areas that needed further work to improve. Involvement, health and safety, and staffing were areas which would be reviewed; any action needed was fedback to the registered manager. Timescales were given for the completion of the areas identified and were re-reviewed at the next visit. The registered manager conducted their own audits of the service. People's achievements were acknowledged and shared. People had been involved in a project to improve one of the garden areas, before and after photographs were displayed to celebrate the hard work people had contributed to the project. Several posters were on the wall in the activity room saying what had improved in the service since people had given feedback. One of the posters said, 'You wanted lights changed in the dining room to look more cosy so we have changed them'.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records relating to the care and treatment of people were not fit for purpose, staff were unable to refer to records and find information in a timely manner. Regulation 17(1)(2)(c).