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Grove Villa Supported Living

Inspection report

28 Mill Road
Deal
Kent
CT14 9AD

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20 April 2017

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 20 April 2017 and was unannounced.

Grove Villa Supported Living provides domiciliary care and support services to people with a learning disability living in their own home. The service has an office in another service, which shares a site and is owned by the same provider. The service currently provides support to 7 people in Deal who share a house. There were staff at the service 24 hours a day, including a member of staff who stayed awake all night.

The service has a registered manager in place and they have been in this role since 2016. The registered manager had worked at the service for many years and knew people well. 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.

People had good relationships with the staff who supported them. Staff knew people well and treated them with dignity and respect. People had some opportunities to express themselves and have a say about their care on a day to day basis but people were not involved in planning their support or writing their care plan. People's care plans had not been reviewed or updated regularly, some not reviewed for over 12 months. The care plans contained inaccurate or out of date information and needed more detail about how people preferred to be supported. Some care plans contained derogatory language about people.

Staff worked closely with local health and social care professionals to manage people's health needs and develop new opportunities for them. However, there were occasions when staff did not contact health professionals following an accident which could have placed the person at risk of having an untreated injury. When people's needs changed advice was sought and followed to make sure the staff could still meet people's needs safely. However, staff would benefit from more detailed guidance about how to manage risks related to people's health.

Risks to people were assessed and people were supported to take risks and try new things. However, staff would benefit from more detailed guidance about how to minimise risks to people. Staff could recognise the different types of abuse and knew who to report any concerns to, both within the organisation and externally. Medicines were managed safely and people were encouraged to be as involved as possible with their medicines.

Staff had some understanding of the Mental Capacity Act and followed the principles on a day to day basis. However, people's ability to make a decision had not been assessed before decisions were made on their behalf. There was a risk decisions could be made for people who were in fact able to decide for themselves. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. For people who live in their own homes this is managed by the Court of Protection. No applications had been made for

people as none were needed.

Staff were recruited safely and people were involved in the interview process. Staff had induction training and were introduced to people by established staff before supporting them. Staff completed basic training; however further training was required for staff to have the skills to meet people's needs. Staff were in regular contact with the management team and had regular one to one meetings, but appraisals had not been completed. There were enough staff to meet people's needs and people told us they felt supported.

Some people attended local day services, went to college or completed voluntary work. People were supported to be part of their local community and follow their interests or hobbies. People had support to eat healthily and planned their own menus. They were supported to purchase their weekly shop and prepare meals. However, there were no personal goals recorded for people or plans to help people reach their goals or develop new skills.

No complaints had been received, the service had an accessible complaints procedure and people knew who to speak to if they had a complaint. People's confidentiality was respected and records were stored securely.

There was an open culture, people and staff could contact or visit the registered manager whenever they wanted to. The registered manager spent time with people regularly to check if they were happy with the service and they were accessible to people, professionals and staff. However, the registered manager did not have a plan to develop or maintain their management skills.

Views were sought from people, relatives and professionals and were acted on. Audits were completed but had not identified the issues found at this inspection.

The CQC had been informed of any important events that occurred at the service, in line with current legislation.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people were assessed and managed, some assessments needed more guidance for staff on how to mitigate the risks.

People were involved in managing their medicines as much as possible, this was done safely.

Staff understood different types of abuse and who to report any concerns to. People were encouraged to keep safe and discuss any worries.

There were enough staff and they were recruited safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not have all the training required to meet people's needs. Staff did put into practice the training they had completed.

Staff followed the principles of the Mental Capacity Act on a day to day basis, but people's capacity to make certain decisions had not always been assessed.

Staff did not always have the guidance needed to manage risks relating to people's health. People were supported to access health care when needed.

People were supported to choose a balanced diet and cook their own food.

Is the service caring?

Requires Improvement

The service was not always caring.

People had built positive and caring relationships with the staff who supported them.

People were supported to use some communication tools, but

this needed developing. People could access advocacy services when required.

People's privacy and dignity was supported and promoted on a day to day basis, but some of the language used to describe people was derogatory.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans needed more detail about how they preferred to be supported. People could be more involved in planning their care and support. Some of the language used in people's care plans was negative about people.

People took part in activities they enjoyed and were increasing their independence. However, there were no personal goals recorded for people or plans to help people reach their goals.

There was an accessible complaints procedure and people knew who to complain to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Audits were completed but had not identified the issues found at this inspection.

People and staff told us that the registered manager was approachable and supportive. However, the registered manager did not have a plan to develop or maintain their skills.

People, staff, stakeholders and relatives are asked for their feedback which was acted on.

Grove Villa Supported Living

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 20 April 2017 and was unannounced. The inspection was carried out by two inspectors.

We did not ask the provider to complete a Provider Information Return (PIR), as we carried out this inspection earlier than expected. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the provider is required to send us by law, such as a serious injury.

During the inspection we spoke with four people, the registered manager, deputy manager and one member of staff. We also received feedback from health and social care professionals who had worked with people who used the service. We visited people in their home and observed staff supporting people.

We looked at documents including three care plans, medicines records, four staff files, risk assessments, audits, minutes of meetings for people and staff, training records and staff rotas.

This is the first inspection of this service since a change of the provider's registration in April 2016.

Requires Improvement

Is the service safe?

Our findings

One person told us, "The staff are nice, they help me look after my money." Another person said, "You can ask for help and the staff do their best." People were relaxed with staff and told us they could talk to them about anything.

People were supported to try new things and to take risks, however this was not in a structured way so that people were fully involved. People were not always encouraged to be involved in assessing risks and planning how to minimise them. Risk assessments were not always updated. For example, one person had a risk assessment around behaviours which may challenge others; it stated the behaviour had 'not been seen for more than six years'. However, an incident form from December 2016 recorded the person exhibiting the behaviour. The risk assessment had not been updated to show this or give staff details about how to support the person, in order to keep everyone safe.

Risks relating to people's health conditions were assessed but staff did not always have the guidance they needed to keep people safe. For example, some people were living with epilepsy, the risk assessment gave details of what one person's seizures looked like but did not tell staff at what point they should call for an ambulance. One person had a history of falls and a health condition which made them vulnerable to head injuries. There was no guidance for staff about when they should seek medical advice. The person had fallen and cut open their head, staff had cleaned the cut but did not seek medical advice or have the person checked over by a medical professional. There was a risk the person could have suffered a head injury which was not diagnosed or treated.

Any accidents were recorded. The registered manager checked accident reports to look for any patterns; they had not recognised the risks we identified. Behavioural incidents were not reviewed or analysed to look for any similar themes. Without analysis the same support continued without any review or change.

There were contingency plans in place in case of emergencies and an emergency grab pack for people to take if they had to leave the service in an emergency, which contained items like a torch and contact details of relevant people. People had personal evacuation plans (PEEPS) in place, but these were very basic and only detailed whether people would recognise the fire alarm or not. PEEPS give details of the support people would need emotionally and physically to exit their home in the case of an emergency such as a fire.

Risks relating to people's care and support were not always adequately assessed or mitigated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a good understanding of keeping people safe from abuse or harm and could say what they would do if there were any concerns. When concerns were raised, the registered manager had spoken with the local safeguarding team. Staff had also sought advice from the local community learning disabilities team to make sure people had the right support. They had spent time with people discussing how to keep safe when using the internet and also when leaving their home.

When people went out on their own they knew how to call for help and how to keep safe. People could also call for support from the provider's other service if staff were out supporting other people.

People were supported to be as independent as possible with their money. If people could not manage large amounts of money there was an arrangement for them to access smaller amounts through the week. There were systems and checks in place to keep people's money safe. When people's money was managed by someone else staff supported people to request extra money if they needed it. People were supported to pay their bills. One person told us, "They know it is my money and I can do what I want with it, they just help by reminding me what I need to pay for each week."

There were enough trained staff to cover all of the support hours and meet people's needs. Staffing was planned around people's needs and the activities they had planned to make sure they had support when they needed it. People could say when they wanted their support and would let the registered manager know if they wanted to change their times for one to one support.

Sickness and holidays were covered by the staff team and if needed the deputy manager and registered manager stepped in. Staff had access to information about each person so they knew the plans of the person they were supporting on that day.

People could have a say about which staff supported them. One person told us, "I like going out with certain staff, we have a banter and a laugh."

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character. People met perspective staff when they came for interview and were asked for their opinions before staff were employed.

People were supported to have their medicines in a safe way, and were as involved as much as they wanted to be. Some people had been supported to try managing their own medicines, but had decided they preferred staff to manage them. One person said, "Staff help me with my medicines so I don't forget." People were supported to do what they felt comfortable doing. For example, some people would remove their medicines from the packaging when prompted by staff. People's medicines were stored in a cabinet in their home. Temperatures were taken and recorded to ensure medicines were stored at the right temperature. Some medicines do not work properly if stored at the wrong temperature. Some people had medicines to take 'as and when required.' People were able to tell the staff if they needed pain relief.

If people chose to buy 'over the counter' medicines staff supported them to check that they did not affect their prescribed medicine. Regular audits of people's medicines were completed and staff's competency in administering medicines was checked by the registered manager.

Requires Improvement

Is the service effective?

Our findings

One person told us, "I talk to staff about things but they understand it's my decision in the end." Staff told us, "We try to find ways for people to make their own choices, if they really can't understand the choices it's about meeting to decide what is in their best interest."

Staff completed induction training which included completing the Care Certificate which is a set of standards care staff can achieve. New staff also worked alongside experienced staff to get to know people and establish relationships with them before supporting them alone.

There was a training programme in place for all staff. After staff completed training their knowledge and competency was assessed during one to one meetings and through observations while supporting people by the registered manager and senior staff. Training included basic training such as safeguarding and fire awareness. Staff also completed training related to people's needs such as epilepsy awareness.

Staff did not have an understanding of person centred support or positive behaviour support. These subjects are important for staff to have an awareness of if they are supporting people with learning disabilities. Although staff said they felt confident supporting people with behaviours which may challenge, some records showed that staff had a lack of understanding. For example, there were lots of incident forms about people being rude, by not doing what they were asked. One person chose not to return to the house to take a phone call and staff 'told them off' saying they wouldn't like it if no one ever called them, rather than suggesting they call the person back when they were ready. Staff did not understand the difference between a behaviour which could challenge and people expressing themselves as tired or just wanting to be alone.

Staff told us they had worked with people living with learning disabilities for a number of years but although they had heard of person centred care and positive behaviour support they had not completed any training in these areas and were unsure what was involved. Staff showed a lack of understanding about best practice when supporting people who could show behaviour that was challenging. There was a risk people would not get the support they needed to manage their behaviours.

Staff had not completed any training related to supporting people to develop and work towards personal goals. Some staff had experience of supporting people to achieve goals and were using their experience to support some individuals to work towards their aspirations. However, this was not consistent for everyone and was not recorded in a formal way.

Staff had team meetings and regular one to one meetings with their supervisor to talk about any issues, and their own development. Staff had not had appraisals to plan their development and review their performance for the year. Appraisals would give staff an opportunity to identify any training needs or areas where they needed support.

Staff could contact the registered manager or deputy manager at any time for support through an on call

system. Staff said they felt supported by the registered manager.

Staff did not have all the skills they required to meet people's needs and support them consistently. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People were given choices and staff communicated these in a way people understood. People chatted to staff about what they wanted to do and where they wanted to go during the day. A couple of people decided to go out into town together with staff, they all sat and discussed where they needed to go and the most sensible route to take. When people made joint decisions about communal areas in their home or joint activities, they were supported to bring their own ideas and discussed them as a group before making a choice.

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.

Staff understood the key requirements of MCA and how it impacted on the people they supported. Staff had completed MCA training and most put this into practice effectively, and ensured that people's human and legal rights were protected on a day to day basis. However, no formal capacity assessments had been completed for people to assess if they could make a specific decision. For example, having an annual flu vaccination. Without capacity assessments there was a risk decisions were made for people who had the capacity to make them for themselves.

Some people lacked capacity so decisions needed to be made in their best interest. For example, one person needed some dental treatment and a meeting was held with people involved in their care to consider if it was in their best interests to undergo the treatment which they may find distressing.

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. When people live in their own homes Deprivation of Liberty Safeguards (DoLS) must be applied for via the Court of Protection. No one on the service needed a DoLs application at the time of the inspection.

People had health care passports in place, which showed the support they would need if they attended hospital. The passports had been completed with people and were very detailed about how people would like to be supported. People's health needs were also recorded in their care plans, with some information about how they preferred to be supported. Some people needed support to attend health appointments and to understand any information given by health professionals' staff supported them to attend and discussed any outcomes with them. Staff made records of any consultations or decisions made so that everyone was aware of the outcomes. Some people were at risk from health conditions including epilepsy. The risks had been assessed but guidance for staff could be improved for example, some risk assessments gave staff no guidance about when they should call for advice from a medical professional.

People had access to yearly health checks, flu jabs and other health screening programmes. Staff explained what these appointments were for and people were able to choose to attend or not. Referrals were made to health professionals by staff when needed.

Staff contacted health professionals quickly if there was deterioration in people's mental or physical health.

Staff worked with the local mental health team to monitor people and keep people safe. When people attended day activities, staff communicated with the staff there, if appropriate to do so, about the person's health needs.

People planned their own menu and shopping list weekly. People were supported to have a balanced diet; they were given information about healthy eating and exercise. One person told us, "I choose what I want, it's the best way and it means I get what I like. Tonight I am having steak."

Staff supported people if they wanted to lose weight. People were weighed, if they agreed, and if there was a concern about weight loss the person's GP was contacted. However, some people's weights were recorded in a mixture of kilogrammes, pounds and stone, meaning it was difficult to determine if they had lost or put on weight.

Staff supported people to prepare and cook their meals. People asked staff to support them if they wanted to prepare food or drinks. Some people had completed courses with local colleges to increase their cooking skills, however details of what they had learned were not recorded in their care plans and there was no plan to continue this learning. People did not have plans in place to develop skills in this area. One person's care plan said, '[The person] is safe in the kitchen and understands the risks, but needs support as they don't know how to cook.'

Requires Improvement

Is the service caring?

Our findings

One person told us, "I do get on well with the staff especially when we go out or on holiday." Staff told us, "I've worked with most people for a long time, we know each other well. It helps because you know how they prefer things" and "People all get on really well, they like spending time together and with staff."

People were not always treated with dignity or respect, some of the words used in care plans or behaviour reports could be interpreted as derogatory. For example, one person's care plan said they could be 'manipulative' of other people. Behaviour reports mentioned people being 'rude' and that their behaviour being 'unacceptable'. When we raised this with the registered manager they said, "Now I hear you say it out loud it sounds awful. I will talk to the staff and tell them they really need to think about what is behaviour and how they record things."

Staff usually worked with the same people so they got to know them well. People approached staff if they needed anything and were listened to. Staff introduced us to everyone and explained why we were in their home.

Staff knew people well and talked about what people liked and what they had achieved. There was lots of laughing and smiling. One person was talking about a recent trip to Edinburgh and planning their next trip with staff and some of their friends.

Some people had increased their skills since being supported by the service; they were now going out unsupported. However, there were no personal goals identified and recorded for people or plans to work towards them in their care plans. People had a say about their day to day support and activities but they were not involved in putting this information in their care plans. In order for people to develop or learn new skills it is important that they receive the same level of support from all the staff that support them. Having a written plan ensures everyone is aware of and can celebrate the progress made. It also means there is less risk of staff doing things for people which they could do for themselves, reducing their independence.

People had access to advocates if they needed support to speak out. An advocate is someone who supports a person to make sure their views are heard and rights upheld. People's advocates supported them with their annual care reviews.

All seven people supported by the service lived in one house together. People were supported to keep in contact with family and friends. One person told us, "My family visit me here, or I can go and see them. Most people here are pretty sociable". People were offered support and reassurance if they were having difficulties with relationships.

People had monthly house meetings to make decisions and talk about any issues. People planned social events together such as BBQs and gave feedback about the service at these meetings. However, these meetings were led and recorded by staff and people had not been offered the opportunity to lead the meeting or be more involved. The registered manager agreed to talk to people about taking a lead in the

meetings or taking the minutes.

Staff worked alongside people to support them with chores and activities. Staff gave people time and chatted to them about what they had been up to. One person was buying plants to put in planters in the garden, they chatted to their friends about the type of flowers and colours they all liked. They then went out to buy them with staff support. People chatted to staff about their family and friends, sharing photographs and future plans.

People's confidentiality was maintained, staff understood the need for this and records were stored securely. Information was given to people in a way they understood. Information was only shared if people agreed.

Requires Improvement

Is the service responsive?

Our findings

People said that the staff supported them to do what they wanted and to try new things. One person said, "I go out to a local day centre, today is my at home day. I will do my shopping and housework then go to the music session next door."

People's needs were assessed before they were supported by the service. The registered manager met with people at an agreed place, with support from their family or care manager if they chose to invite them. People shared a house so compatibility with others was considered before anyone new moved in. The person would be invited to meet the current housemates if possible.

The registered manager started a care plan using the information from the assessment. However, people's care plans did not give details of how people preferred to be supported and people were not actively encouraged to plan their own support. The registered manager said, "We do show people their care plans, but it isn't structured and they could be more involved." People's care plans were stored in their own bedrooms, so they could access them at any time.

People's care plans had not been updated, some in over 12 months. Some care plans contained information about changes that had happened before this time, but these were not reflected in the rest of the care plan. Out of date care plans could lead to people not having the correct support.

People's care plans did not include details of people's aspirations or goals. Without a record and a plan there was a risk that people would not have the right support to achieve their goals. There were no plans to help develop people's independence. For example, some people had told staff they would like to live on their own one day, there was no information about the steps the person would need to complete before this could happen or the support they would need to reach their goal.

Some people had been assessed as being safe to use the kitchen but were fully supported by staff as they could not cook. There was no plan to increase their cooking skills. Some people had developed new skills but this was due to them working with individual staff members who had previous skills rather than with the staff team as a whole.

Staff were proud of the people they supported and their achievements. One said, "It's great to see people progress and do things for themselves." However, this information was not recorded in the person's care plan, there was a risk they would not receive consistent support from all staff.

When people showed behaviours which may challenge others there was limited guidance for staff about how to support them. For example, one person could become agitated with certain staff; staff were told to call for the deputy manager or registered manager to resolve the situation. Staff told us they would try and reassure people if they were upset but they had limited understanding of what they could do to support people to reduce the chance of them becoming upset.

The provider and registered manager had not ensured that people's care plans reflected their preferences, included them in planning their care or detailed how they would reach their goals. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People attended day services where they could do activities they enjoyed and develop new skills. People met with friends or partners at the day services, staff offered people support to maintain these relationships outside the day services if they wanted to.

Some people went out and about on their own, they would use a mobile phone to keep in touch and staff would chat to them about their plans and when they were due home. People took part in improving their home; one person was working in the garden, planting flowers.

Some people had activity planners with pictures which they had in their homes. People planned individual activities with staff and also group activities with friends. One person told us, "You can go where you want, you just have to wait until staff are free." People were offered the opportunity to take part in activities at the provider's other services on the same site such as music sessions and discos or BBQs.

People were given clear information about how to make a complaint. There was an easy to understand version of the complaints policy available. No complaints had been received since April 2016.

People were asked in monthly meetings if they had any issues and were given the opportunity to speak to the registered manager or deputy manager on a one to one basis. People's views were also sought via regular surveys that were sent to them by the provider.

Requires Improvement

Is the service well-led?

Our findings

One person told us, "The manager is good, we have a chat all the time." A staff member said, "I can always get hold of the on call and I can ask questions at any time."

The registered manager told us "The values and visions of the service are to support people to live how they want to and promote independence." Staff could tell us the visions of the service and gave examples of how they supported people to become more independent such as going to college or looking for a job. However, not everyone's goals were recorded so achievement was not consistent. As stated earlier in this report some people's care plans had not been updated in over 12 months and contained out dated information.

Staff told us they felt supported and involved in how the service supported people. Staff had regular meetings and told us that their ideas were listened to. Staff told us, "The best thing about the management team is they will roll their sleeves up and get involved. They never ask us to do anything they wouldn't and they know the people we support really well."

Staff and people had access to phone numbers of managers on call and said they could call at any time. The registered manager met with people on a regular basis to see how they were doing or just have a chat. The registered manager spent some of their time based in the office at the house where people lived, during this time they observed how staff interacted with people.

The registered manager did not have a plan to develop and maintain their own skills or keep up to date with good practice. They did not have a clear understanding of person centred planning or positive behaviour support. The registered manager did not currently attend local forums for registered managers or providers where they could hear about examples of good practice and share experiences. The registered manager said they would like to attend forums in the future and complete some additional training about person centred planning. They agreed this was an area for improvement and would be beneficial to them, people and the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This means we can check that appropriate action had been taken. No notifications had been received from the service as they were not needed, the registered manager said they knew they had to send in notifications but they were unsure of the expectations in relation to how quickly they should be sent. We recommend the registered manager checks the guidance about notifications.

Audits were carried out by the deputy manager and registered manager. The results of these and any actions taken or needed were included in a monthly report sent to the providers. The providers did not complete any audits of the service and relied on the reports from the registered manager to ensure the quality of the service.

Audits covered medication records and financial records. If any issues were identified they were addressed

and fed back to the staff. However, people's care plans and risk assessments were not audited, which meant the registered manager could not be sure they showed people's full range of needs, were up to date and gave staff the guidance they needed. Other audits of the service had not highlighted the issues found at this inspection.

Accidents and incidents were reviewed and any learning from them was shared with the staff team and the provider. However, the registered manager had not recognised the risks to a person when staff had not sought medical advice after a fall. Behavioural incidents were not reviewed or analysed to look for any common themes or triggers, this could result in people getting inconsistent support with their behaviours.

The provider and registered manager had failed to establish and operate systems to assess, monitor and improve the quality and safety of the service provided and failed to maintain accurate and complete records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
People were asked for their feedback through house meetings and surveys. Surveys were in an accessible format and were primarily a tick box with opportunities for people to comment if they wished. The responses on the surveys were positive and no suggestions had been made by people about how the service could be improved.

The registered manager requested feedback from other people involved with the service such as health and social care professionals, relatives and staff. The feedback was generally positive with comments such as, "The staff are very kind and caring." and "There is a lovely atmosphere, the staff clearly know their role."

Outcomes of surveys along with other news about the provider's services was shared with people and relatives through a quarterly newsletter. It also let people know about changes in staffing or upcoming events.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider and registered manager had not ensured that people's care plans reflected their preferences, included them in planning their care or detailed how they would reach their goals.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks relating to people's care and support were not always adequately assessed or mitigated.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager had failed to establish and operate systems to assess, monitor and improve the quality and safety of the service provided and failed to maintain accurate and complete records.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not have all the skills they required to meet people's needs and support them consistently.