Independence-Development Ltd

Edwin Therapeutic Unit

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	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 30 November 2016 and was announced.

Edwin Therapeutic Unit 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. The service was registered to provide care for up to three people with learning disabilities, autism spectrum disorder, mental health issues and eating disorders. There was one person living at the service at the time of the inspection.

There had not been a registered manager at the service since 23 July 2015. The manager of the service had applied and was being assessed as to their suitability for the role. 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 was last inspected in March 2017. Seven breaches of Regulation were found with regards to the provider failing to : Regulation 9, ensure care plans were personalised; Regulation 11, follow the principles of the Mental Capacity Act 2015; Regulation 12, safely manage risks to people; Regulation 13, make referrals to local authority safeguarding; Regulation 16, to record and respond to complaints; ensure quality auditing systems were in place and have sufficient managerial oversight of the service; and Regulation 18 (HSCA) provide adequate staff to meet people's assessed needs; Regulation 18 (Registration Regulations) notify CQC of events and incidents without delay. The service was placed in special measures.

After the inspection the provider sent us a plan of action setting out how they planned to address the breaches of Regulation. They told us the identified breaches had been met before the date of our inspection visit on 30 November 2017.

We also made recommendations about the way medicines were audited and providing nutritious and healthy meals.

At this inspection, we found improvements. However, we also found two 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 this report.

Quality assurance processes had identified shortfalls in the service and most had been addressed. However, the service was not meeting its aim to support people to become more independent and develop life skills. Instead, people had become reliant on the staff support provided. Improvements had been made to care plans so they were personalised but people had not been supported to meet their assessed needs and individual goals.

People had their health and nutritional needs assessed but we have made a recommendation in relation to supporting people to have a balanced diet.

New staff received a structured induction and were provided with a programme of training in areas essential to their role. We have made a recommendation about the planned frequency of the training programme to ensure staff are competent and up to date with their practice.

Improvements had been made in assessing potential risks and guidance was in place and available to staff to make sure people were protected from harm.

People were supported by staff who were trained to recognise the signs of abuse and the provider had reported concerns about people's safety to the relevant authorities.

Staff understanding of the principles of the Mental Capacity Act 2005 had improved through training and discussion.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager had submitted DoLS applications to ensure that people were not deprived of their liberty unlawfully.

The systems in place for the management of medicines had been reviewed and there were clear records and checks in place to make sure people received their medicines as prescribed by their GP.

Staff were trained in the safe administration of medicines, gained people's consent before giving a person their medicines and appropriate records were kept.

Checks were carried out on all staff so that they were fit and suitable for their role and level of staffing provided met people's assessed needs.

Staff communicated with people in a kind manner and treated them with dignity and respect. Staff had developed positive and valued relationships with people.

Quality assurance systems had been introduced which monitored the quality of the service on a regular basis.

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.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

Staff knew how to recognise any potential abuse and had reported significant events to the appropriate organisations.

People's medicines were managed appropriately.

People were protected by the service's recruitment practices and there were enough staff available to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

People had sufficient to eat and drink but were not always supported to have a balanced diet that promotes healthy eating.

Staff received relevant training for their role, but the frequency with which it was planned did not ensure staff were competent for their role or up to date with current practice.

People's health care needs were assessed and monitored and people had access to healthcare professionals when needed.

Staff understanding of the principles of the Mental Capacity Act 2005 had increased and advocates were available to ensure decisions were made in peoples best interests.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were not supported to develop their independence and life skills according to the ethos and aims of the service.

People were treated with dignity and respect and as individuals.

Staff were kind and caring and in their approach and knew people well.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were personalised, but people were not supported to achieve their needs and goals.

People were not engaged or motivated to explore appropriate activities.

Information about how to make a complaint was available to people in a format they could understand.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance and monitoring systems were in place. Shortfalls had been identified but had not all sufficiently been addressed.

Staff did not have a clear understanding of how to put the aims of the service into practice for the benefit of people.

A manager was in post who had applied to be registered with the Commission.

People and staff were asked for their views about the service.

Edwin Therapeutic Unit

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 checked 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 30 November 2017 and was announced. We gave 24 hours' notice as there was only one person living at the service and we wanted to ensure they and staff were available. The inspection was carried out by two inspectors.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the person who used the service, three care staff, the manager and provider. We received feedback from a commissioning officer, case manager from the autism team, social worker from the young person's team and a lay advocate.

During the inspection we viewed the person's care notes and tracked how their care was planned and delivered. We also looked at a number of other records including four staff recruitment records; the staff training programme; management of medicines, health and safety records; and quality and monitoring audits.

Good

Is the service safe?

Our findings

People said there were staff around during the day and at night time that checked on them, which made them feel safe. "I did not like it when there were lots of people living here as it was too noisy. I like it now as it is relaxing and quiet".

At the last inspection in March 2017, we identified breaches of Regulation 12, 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to safely manage potential risks to people and in the environment; to report safeguarding incidents to the local authority; and to provide staffing levels according to people's assessed needs. A recommendation was made to review the medicines procedures so there was a clear audit of all medicines entering and leaving the service.

At this inspection in November 2017, we found that improvements had been made in all areas. Guidance to assess and manage potential risks to people's safety was in place and followed by staff; the service had a system in place to report safeguarding incidents; and one to one staffing was provided according to people's assessed needs. The management and recording of medicines had been reviewed to ensure it met the service's policy.

Potential risks to people's safety in their daily lives had been identified and strategies were in place to guide staff how to manage these risks. This included risks in relation to people's behaviours, finances, when using social media and when in the local community. Risks had been rated so staff were aware of the potential impact of harm if control measures to minimise the risks were not followed. This information was available to staff and staff said they had read and understood its content. Risk assessments were regularly reviewed when people's needs changed, to ensure that they contained up to date guidance.

For people who presented behaviours that may challenge themselves or others, the type of behaviours were identified, together with any known triggers for the behaviour and guidance for staff on the appropriate action to take as a response. Behavioural charts were available for staff to record the details of any behaviour and what occurred before and as a consequence of the incident. Staff said that they had not completed these charts as people had not displayed any significant behaviours and there had been no recorded incidents since June 2017 when one person swore. The manager explained that they had discussed and addressed with the staff team what constituted a behaviour that challenged as there had been inconsistency in staff practice.

There had been improvements in checks and monitoring of the environment and health and safety so that the environment was safe and equipment fit for purpose. These included making sure that fire equipment was in working order and that electrical and gas appliances at the service were safe. Checks and practices in relation to the prevention of Legionella (bacteria in water) and to ensure safe water temperatures were in place and the service's fire risk assessment had been reviewed. Staff had received training in how to evacuate people safely in the event of a fire and a programme of fire drills had been established. Each person had a personal emergency evacuation plan (PEEP), which set out the specific requirements to ensure that they were safely evacuated from the service in the event of a fire. Essential information about people

and contingency plans to guide staff in an emergency was kept in one place where staff could access it if it was required.

The service had a safeguarding policy which set out the definitions of different types of abuse, staff's responsibilities, how to report any concerns and how to blow the whistle. This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. The service had a copy of the document 'Multi-agency safeguarding vulnerable adults: Adult protection policy, protocols and guidance for Kent and Medway'. However, it was not the updated version, which is important as it contains guidance for staff and managers on how to protect and act on any allegations of abuse. Staff had received training in how to recognise abuse and felt confident to raise any concerns with the manager and that these would be acted on. Staff said that they understood the importance of reporting any safeguarding's to the police or local authority safeguarding team in keeping people safe and the provider had notified us of any serious incidents.

A record was made of any accidents or incidents, detailing what had occurred and the action taken in response to the situation. The manager monitored all events to ensure that staff had taken action at help keep people safe and to see if there were any patterns or trends that needed to be addressed. The provider acknowledged that previously the service had not taken action in a timely manner to keep people safe and as a result lessons had been learnt. They told us that they had sought the advice of consultants who were closely monitoring the service and a number of areas where action needed to be taken to improve safety across the service had been identified and addressed.

Staffing levels were assessed when people first moved to the service. There was only one person living at the service and they were funded for one to one support hours. The staff rota corresponded with the staff member on duty at the time of the inspection. There was one staff member during the day and a waking night staff. However, it was not possible to assess if there were sufficient staff for the following week, which occurred four days after our inspection visit. This was because staff were given their weekly rota on a Sunday, the day before it commenced. There is a risk that when staff are given their working hours at short notice that they may not be able to fulfil them and meet people's needs. .

Staff recruitment practices ensured people were protected from the risk of receiving care from unsuitable staff. Appropriate checks were carried out which included obtaining a person's work references, right to work in the UK, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Medicines were administered, stored and managed safely. Staff had received training in how to administer medicines and followed the medicines policy when ordering, obtaining and returning of people's medicines to the pharmacy. Staff recorded on a medicines administration sheet each time a person was given their medicines as prescribed by their GP. Temperature checks were taken to make sure medicines were stored within the correct temperature range and dated on opening to ensure their continued efficacy and safety. Controlled drugs (CD's) were stored safely. CD's are medicines requiring closer monitoring and extra security. Staff checked stock levels of CD's daily and records were made in the controlled drugs register by two staff in line with the service's medicines policy. Each person had a medicines profile which stated what each medicine was for and a summary was available so the information was easily understood by staff. Medicines checks were carried out in line with the provider's policy to ensure there was a clear audit of all medicines entering and leaving the service. A pharmacist had visited the service in September and November 2017 and all advice given had been acted on. When people had been prescribed creams, a record was made so staff knew to which part of a person's body it should be applied.

Staff undertook training in infection control. Personal protective equipment was available such as gloves and aprons. The manager told us that they had ensured the service was cleaned thoroughly since they came to post and was clean on the day of our visit. Staff were responsible for keeping the service clean with assistance from the people who lived there.

Requires Improvement

Is the service effective?

Our findings

People told us they were involved in decisions about what they ate and drank. One person said, "I like eating steaks and pasta carbonara". People who were subject to deprivation of liberty authorisations understood what this meant in relation to their day to day life. One person told us, "I am not able to go out by myself. Staff have to do with me". People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection in March 2017, we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to follow the principles of the Mental Capacity Act 2005 in undertaking mental capacity assessments and making decisions in people's best interests. We also made a recommendation that the provider sought national guidance on providing nutritious and healthy meals as people were not encouraged to eat healthily.

At this inspection in November 2017, we found that improvements had been made in staff's understanding and application of the MCA 2005, but people were not always encouraged to eat healthily.

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 had received training in the MCA 2005 and the manager had helped to increase their understanding through reading and discussing the 'easy read' guide to MCA 2005 at team meetings. Staff understood that it should be assumed that people had the capacity to make choices and decisions and gave examples of how people understood the consequences of carrying out or not carrying out an activity for which they had capacity. People had access to lay advocates and independent mental capacity advocates to ensure decisions were made in their best interests. Advocates help people express their needs and wishes and weigh up and take decisions about the options available to them.

People's needs in relation to nutrition were assessed including if they understood how to follow a healthy diet. People discussed their meal choices and planned a menu each week. A record was made of what people were offered and ate at each meal. These records showed that people had a small range of favourite meals which were not always nutritionally balanced. There was information about a healthy diet in the kitchen, but there was no plan or agreement in place about how to support people to have a balanced diet that promotes healthy eating and correct nutrition. People's weight was monitored and one person's weight had increased which the manager said was related to their diet and exercise. This meant that people's health may be affected by type of diet they were offered at the service.
We recommend the provider seeks national guidance that promotes healthy eating.

New staff completed a structured six week induction programme which included learning about their roles and responsibilities, shadowing existing staff and training in essential areas for their role. Training was

provided on-line and included competency assessments to ensure staff had gained sufficient knowledge in each area such as fire, food hygiene, first aid, health and safety and medicines. Most staff training had been undertaken in key areas within the last year but refresher training was planned in at two year intervals which meant that staff may not be kept up to date with current knowledge. New staff were assessed against the standards of the Care Certificate and all staff had completed a level 2 Diploma/Qualification and Credit Framework (CQF) in health and social care. To achieve these awards staff must prove that they have the ability and competence to carry out their job to the required standard. In addition staff undertook training in supporting people with challenging behaviour, self-harm and equality and diversity. Some staff had also undertaken training in attachment from the perspective of a person on the autistic spectrum and positive behaviour support (PBS). PBS is used to support people who present behaviours that may challenge in the most appropriate way.

We recommend the provider seeks advice and guidance to ensure that staff keep their professional knowledge updated in line with best practice.

People's social, physical and mental health needs were assessed prior to living at the service. The provider told us that lessons had been learned and that these assessments now took into consideration the compatibility and matching of interests between people currently using the service and potential applicants. There had been no new people moving to the service since our last inspection to review the effectiveness of this new process, but the provider gave examples of how it would work in practice.

People's health needs had been assessed and they had access to health care professionals when they needed them such as their GP, optician and dentist. A record was made of all medical appointments and outcomes in a separate section of their care notes so their health needs and any actions could be monitored. Staff knew about these visits and how to access health care services. Reviews of people's medicines had been undertaken by people's GPs and a list of people's medicines was kept in a grab bag so it was available in emergency, including if people were admitted to hospital.

Support for staff was achieved through individual supervision sessions, team meetings and staff appraisals. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development. Staff said they felt well support and were able to approach the manager at any time if they needed support in addition to the formal planned sessions available.

Requires Improvement

Is the service caring?

Our findings

People told us that staff were caring and that they were treated with dignity and respect. One person told us, "Staff member (name) is kind. All staff are the same and as good as them". Social care professionals told us the staff knew people well and that they were caring but that people's independence was not promoted.

The aims of the service as set out in the provider's Statement of Purpose and Service User Guide were to support people to be as independent as possible through the continuous assessment and development of life skills such as cooking, shopping and budgeting. The provider's website stated that the service was able to provide educational opportunities such as Diploma's in budgeting and life skills. However, people were not supported in line with these aims.

People had short term goals but there were no plans in place which set out how each goal was to be achieved such as breaking them down into manageable tasks. There was also a lack of meaningful monitoring of progress. The house rules which were displayed in the lounge stated that people should not wait on staff or vice versa but the culture of the service was for staff to do tasks for people rather than to engage them. For example, one person's care plan stated that they should be encouraged to make their own meals, but that if they declined, staff should do this for the person as there was a risk that they would go hungry. Staff told us they made this person's meals as they refused to do so and that they also made snacks for people at night and brought them to them in their bedroom at their request. This person had gained significant weight and therefore was not at risk of going hungry. Staff told us this person now tidied their room, but that they did their laundry and food shopping for them. This person had lived at the service for over a year and there was no record to evidence their independence had been promoted, but rather that they had learned through experience to rely and expect staff to do things for them.

The provider had failed to ensure that people were supported to maintain and develop their independence in line with their assessed needs. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were positive interactions between people and staff. People chatted with staff and staff took time to listen and respond to what they had to say and valued their contributions. Where appropriate staff used humour and praise to encourage social interaction. For example, staff commented on how clean and pleasantly smelling a person was after they had had a bath. Staff demonstrated they knew people well, enjoyed spending time in their company and were calm and patient in their interactions. People were able to express their feelings verbally. Care plans gave additional guidance to staff about recognising people's emotions through their body language and how people liked to be supported if they were sad or angry. Staff described how they supported people emotionally by reassuring them and listening if they became upset. People's needs in respect of their disability, gender, culture, beliefs and sexual orientation were identified in the care planning process. Staff demonstrated they understood and respected people's individual needs.

People said they were involved in making choices and decisions about their care and support such as what they ate and how they wanted to spend their time. People had access to advocates. People knew they had a

care plan which contained personal information about them and had signed specific parts of it to acknowledge their agreement. However, care plans were not written in a format that was easy for people to understand. By contrast the Service User Guide was written using pictures and simple sentences to help people understand its content. It contained information about the service and people's rights and expectations.

Requires Improvement

Is the service responsive?

Our findings

People said that staff were responsive to their needs. They said staff ran their bath, made them a sandwich, rung up to order the pizza they liked and did their laundry and food shopping.

At the last inspection in March 2017, we identified breaches of Regulation 9 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure care plans were personalised to reflect people's individual needs; and to record, handle and respond to complaints.

At this inspection in November 2017, we found that although there had been improvements in the content of people's care plans, people had not been supported to meet their assessed needs and goals. Improvements had been made to the management of complaints.

People's care plans had improved in their detail and content and included personalised information on all aspects of people's physical, mental, emotional and social needs. A one page profile was available which gave a short summary and overview of people's support needs. A description of each person's daily routine was recorded which included what time people liked to get up and go to bed, any prompts they needed from staff with their personal care and how they spent their time. Care plans included people's past history, likes, dislikes and preferences in relation to all aspects of their care. For one person their identified staff support needs included what had worked well in the past such as having a structured routine and using short sentences and simple words to communicate with people. Care plans were reviewed on a regular basis and included what was and what was not working well for people. However, there was no guidance or plans in place to address these shortfalls so that people continued to receive care that was responsive to their changing needs.

The service was not responsive and adaptive in meeting people's agreed goals and needs. One person's long term goal was to be independent and engage in a range of activities that followed their interests and in the wider community. The service had failed to support this person to work towards these goals. The provider told us that when this person first moved to the service they regularly went out in the community, participated in work experience and spent a few hours each day on on-line gaming. Social care professionals and staff told us this person's main activity and focus was on-line gaming which affected their motivation in engaging in other activities and in day to day communication. Although the person had an activity planner which set out preferred planned activities such as going out for a drink and ice skating, it was ineffective. Staff told us the person usually refused to engage in all activities and cited the reason for this as them being difficult to engage in any other activity once they were on-line. A social care professional told us that they had continually been given assurances by the provider that the person's access to on-line gaming activities would be reduced as part of the person's development programme, but that this had not occurred.

An external audit of the service in October 2017 highlighted a shortfall in how people were supported to follow their interests and take part in social activities. An example was given of how staff undertook one person's food shopping while the person went to the pub. The report described the event as, "A missed

opportunity to teach the people that rights come with certain responsibilities".

Reward charts had been developed as a way of encouraging people to engage in daily living tasks and follow their interests. For one person, if they completed a task such as having a bath or making their bed they were given a treat such as a cake. However, this reward system was not detailed in the person's care plan and was not consistently applied by the staff team. The reward system was also in contrast to the person's past experiences when on-line gaming had been used as a reward and therefore maybe confusing to them.

The provider had failed to ensure that people's assessed needs and goals were met. This was a continuous breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was working towards supporting people to develop relationships to avoid social isolation which was particularly important as there was only person using the service. The person living at the service had been on a camping holiday and also to a theme park with a person who used one of the providers other services.

The complaints procedure set out how to make a complaint about the service and how the provider would respond, including agreed timescales. The policy included details of the government ombudsman, whom people could contact if they were not satisfied with the way the service had responded to their complaint. The policy was in an accessible format to help people understand its content. The service had recorded and responded to complaints that people had made. It had been identified at the last audit in October 2017 that the service could be more proactive in supporting people to raise concerns as young people did not always indicate when they were unhappy with any aspects of their care.

Requires Improvement

Is the service well-led?

Our findings

People said they could go into the office and talk to the manager when they wanted. People were relaxed and at ease in their company and the manager took time to listen and respond to what people wanted to say.

At the last inspection in March 2017, we identified breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of Care Quality Commission (Registration) Regulations 2009. The provider had failed to monitor the quality of care and support that people received; and to notify us, without delay, of significant events and incidents.

At this inspection in November 2017, we found that structured systems were in place to monitor the quality of the service and that the provider had notified us of significant events.

The aims of the service as stated in the Statement of Purpose were to provide a therapeutic service where the reasons for people's behaviours were explored and for people to participate in a variety of leisure activities and build social skills, team spirit and peer development. However, these aims were not fully understood or consistently put into practice by the staff team.

The provider, who was a qualified psychologist, told us that they provided regular therapeutic sessions for people. Staff were employed as 'therapeutic practitioners' but when they described their roles and responsibilities they were identical to a 'carer' in that they supported people with their personal care, daily living tasks and emotional support. They did not mention using cognitive behavioural therapy approaches as indicated on the provider's website. The service was not effective in promoting people's independence as staff focus was on doing tasks for people to avoid any challenges from them. The audit of the service in October 2017 had identified that the service had continued to be ineffective in increasing its emphasis on enabling, supporting and motivating people to engage in independent skills and activities and in striving to negotiate a balanced approach.

There were mixed responses from social care professionals about the leadership and management of the service. Feedback was that the provider and manager had made some improvements and were working towards making further changes to benefit people. They said that as the changes were recent, it was too early to assess if they had been fully embedded into practice. Feedback received was that the manager was open to ideas and there were good lines of communication, but that the provider did not always respond to their requests for information in a timely manner. The provider had failed to ensure there was a registered manager at the service since 23 July 2015. A new manager who had achieved a Level 5 diploma in leadership for health and social care, had been appointed and they had applied to be registered with the Commission. Staff said the manager gave effective support as they were available when they needed them and listened to their views. Staff meetings were held where discussions had taken place about what staff were doing well and areas in which improvements were needed.

The provider and manager had submitted notifications to the Commission about important incidents and events that had taken place at the service in a timely manner. There was a range of policies and procedure in place which covered all aspects of the service. These had been reviewed to ensure that they were up to date. However, the CCTV policy had not been followed. The service's policy stated that there should be signs to inform people entering any area with CCTV that it was in operation, but these information signs had not been installed.

Records were accessible but personal information was not always recorded appropriately. Some staff recorded information about people's daily routines, conversations and observations in a personal notebook. There is a risk that if information is not recorded in the relevant person's daily notes that staff may not be aware of it. The information was transferred appropriately during the inspection and the notebook destroyed.

People's views were sought on a daily basis by staff through conversations and on a more formal basis through survey questionnaires at periodic intervals. In August 2017 people had mistakenly been given a visiting professionals survey to complete which did not ask them questions about the service from their point of view. For example people were asked, "Are you able to feel welcome on your visit". In October people had been asked to complete a survey which contained relevant questions in relation to their experiences of one to one care, activities, privacy and the environment. However, the survey was not presented in an 'easy read' format using simple words and pictures and therefore may not be fully understood by the people who completed it. People had responded that they were satisfied with all aspects of the service. A professional had also completed a survey in which they were asked to rate the service in regards to its cleanliness, if people were treated with dignity and privacy and if they had any concerns and they had given positive responses.

There had been improvements in the systems in place to monitor the quality of service that was provided. There was a structured programme of weekly and monthly audits which included health and safety such as checking water temperatures and equipment was safe to use; medicines management; that care plans were up to date; a review of accidents, incidents and complaints; and that relevant organisations had been informed of any significant events or safeguarding's. The provider had employed an external consultant who undertook regular audits of the service in respect of if the service was safe, effective, responsive, caring and well-led. This included looking at records, the premises, talking with the manager and staff and also people who used the service. The last quality audit report of October 2017 acknowledged that a number of improvements had been made such as care plans containing more detail, guidance in place on risk management and structured staff support. It was acknowledged that it would take a reasonable period of time for these changes to be implemented and embedded. Shortfalls were identified in the responsiveness of the service in engaging people in activities and independent living, which have been identified in the relevant sections of this report.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area and on their website.

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 9 HSCA RA Regulations 2014 Person-centred care The registered provider had failed to ensure people's assessed needs and goals were met. Regulation 9 (1) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered provider had failed to maintain and promote people's independence in line with their assessed needs. Regulation 10 (2) (b)