HF Trust Limited

St John's Cottage

Inspection report

Hospital Road
Sevenoaks
Kent
TN13 3PH

Tel: 01732457800

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

The inspection took place on 21 and 25 April 2016 and was announced. St John's Cottage is a small care home located in Sevenoaks and provides accommodation and personal care for up to eight people with learning disabilities.

The home is a detached property located near Sevenoaks Town Centre. At the time of our inspection there were eight people living at the home some of whom required support to manage health conditions such as diabetes. The service did not have a registered manager. 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. Interim management arrangements were in place to cover the service whilst recruitment to the post was in progress and the provider's operations manager had submitted an application to be the new registered manager.

Although people told us they felt safe, we found that one person had not been given the correct amount of medicine because the registered provider had not ensure that there was safe management and administration of medicines.

The registered provider had not ensured that monitoring checks and audits undertaken were effective, identified concerns and led to improvement.

Staff knew how to protect people from abuse and harm and were clear about their responsibilities. Risk assessments were person centred and gave staff clear guidance regarding people's individual needs. Staffing levels were based on people's support needs and were reviewed in line with people's changing needs. Records showed that recruitment procedures were followed to ensure staff were suitable to work with people.

Staff knew people well and provided effective care that was based on detailed guidelines and effective communication. Staff received guidance, support and training according to people's needs. We observed that staff sought people's consent before providing care and support. Staff and management understood and followed the principles of the Mental Capacity Act 2005.

People were supported to eat a balanced diet that met their needs and preferences and received care and support that promoted their health and wellbeing. People were referred to health care professionals when needed and there were strong links with a wide range of health professionals.

Relationships between people and staff were positive and people were respected and treated with dignity. People were encouraged to be involved in all aspects of the home and their independence valued and supported. Care and support was based on people's preferences, likes and dislikes. People led active lives and were supported to maintain their relationships and undertake a range of activities. People's support

plans were reviewed regularly and updated when their needs changed to ensure they received the support they required. People's feedback was actively sought and there were a range of ways people could give feedback or raise a complaint. The provider had developed effective links with organisations that helped them develop best practice and opportunities for people.

We 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.

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.

People's medicines were not consistently administered, managed and disposed of safely.

Staff were knowledgeable and confident about their responsibilities and the procedures to follow to keep people safe from abuse.

Risk assessment was person centred and gave staff clear concise guidance regarding people's individual needs.

There were sufficient staff deployed to safely meet people's needs.

Staff recruitment processes ensured staff were suitable to work with people.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's individual requirements and received support and guidance to effectively deliver care.

Staff understood the principles of the Mental Capacity Act 2005 and sought people's consent before providing care and support.

People received the support they needed to cook and eat a varied diet.

People received care and support that promoted their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were treated with respect and compassion and the culture of care was person centred.

People's independence was valued and enabled.

People were encouraged to be involved in all aspects of the care they received and the way the home was run.

Is the service responsive?

Good

The service was responsive.

People's support was personalised to reflect their wishes and what was important to them.

Care plans and risk assessments were reviewed and updated when people's needs changed.

People were supported to have active lives and to maintain relationships with family and friends.

People knew how to complain and felt confident that they were listened to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The service was without a registered manager.

There were some systems to assess quality and safety of the service provided however not all were effective in identifying concerns and ensuring
improvement.

There was an open culture where people and staff were kept informed of national and local events.

St John's Cottage

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 21 and 25 April 2016 and was announced. We gave 24 hours' notice as it is a small home for eight people who are often out at their activities and we needed to be sure people would be in.

The inspection was carried out by one inspector.

We gathered and reviewed information about the service before the inspection, including notifications we had received from the provider. This is information the provider is required by law to tell us about. We reviewed the provider information return (PIR) and used this information when planning and undertaking the inspection. The provider also sent us information immediately after the inspection.

During the inspection we spoke with eight people about their experiences of living in the home. We also spoke with four support staff, the operations manager and the cluster manager who oversaw the management of St Johns Cottage along with two other homes. We looked at care records and associated risk assessments for three people, management records and four staffing records.

The service had previously been inspected on 13 September 2013 and met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Requires Improvement

Is the service safe?

Our findings

People told us they felt confident in the staff and that they were well cared for. One person told us, "Staff treat me well...they look after us." Some people required support to take their medicines. We found that the management of medicines placed people at risk of unsafe care and treatment. We looked at medicines and the records of medicines received, stored, disposed of and administered. Medicine Administration Record sheets (MAR) were in place and most medicines were received in packs made up by the pharmacy. However one person's medicines had recently changed and when we checked their records against the number of tablets remaining it was unclear whether the person had received the correct amount of medicine. The person's MAR did not correspond with what was written on the medicine packaging. We also found medicines for the person that had not been recorded as having been received and that these medicines were of a higher dose.

The cluster manager acknowledged that there was confusion, and that this had resulted in the person having been given the wrong amount of their medicine ten days previously. Prior to our inspection there had been an incident where the person had not received the correct dose of medicine. This had occurred because the MAR sheet did not make clear what dose to give and the staff member had not checked the MAR against the medicine packaging to identify that what they were giving was correct. Although a medicine error form had been completed and the cluster manager had met with the staff member, no further action had been taken. As a result we found that the administration guidance and records were still unclear, and this placed the person at risk.

Medicines were stored safely in a locked cupboard with the temperature taken twice a day to ensure they were safe for use. However we found that there was an over the counter medicine stored that had been opened in December 2015 and that should have been disposed of. There were no records stating this had been received or used or that it was a homely remedy that was approved.

We asked whether medicines were audited and were shown weekly checks where medicines were counted. However these did not indicate that medication administration records were audited to see whether they were correct and they did not identify this homely remedy. We discussed this with the management team and during our inspection they took appropriate action and contacted the pharmacy for a revised MAR, arranged for staff to undertake refresher training and introduced a homely remedies sheet.

The registered provider had not ensured that there was safe management and administration of medicines. This was a breach of Regulation 12(2)(b)(g) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The home displayed guidance for reporting abuse and staff were trained in recognising the signs of abuse and knew how to report any concerns. Staff were clear about their whistleblowing responsibilities and told us, "I wouldn't stand back and tolerate any abuse, that could be my brother, sister, son or daughter." People were encouraged to be a part of their local community and staff had taken a proactive approach in supporting people to be aware of their own safety. All but one person had a mobile phone they could use

and staff explained, "Periodically we have a talk about stranger danger….. if she is unsure about anyone, to go into a shop or look for a policeman." One person explained that they also kept the house secure; "We need to check ID in case it's a stranger." Where people required support with their finances there were robust procedures that meant they were protected from financial abuse. For example, each person kept a record of their finances and any money they had was kept secure in security coded pouches. Records for people's personal finances were audited by an external person to ensure they were correct and that people's finances were protected from abuse.

Risk assessments were centred on the needs of the individual and included clear measures to reduce risk whilst promoting people's independence and quality of life. For example one person enjoyed going out on their own in the evening to their local pub. A risk assessment set out what measures were required to keep the person safe. These included ensuring the person carried their phone, wore a high visibility jacket and only carried reasonable amounts of money.

Where one person's mental health needs had changed their personal hygiene presented a risk of infection and the home had put in place a range of measures to manage this. For example, staff were now providing daily support with the person's personal care. The person was no longer preparing food for other people and staff were now supervising the person as they prepared food for themselves. A new washing machine with a sluice facility had been purchased specifically to ensure that the risk of spread of infection was controlled.

St John's Cottage is a leased property with maintenance undertaken by a management company and furnishing provided by the provider. The home was well maintained and records showed that that any faults or problems were dealt with promptly. Regular maintenance of gas and electrical equipment was undertaken which meant people were protected from potential harm because action was taken to maintain the home and the equipment people used.

Records showed that fire equipment was regularly serviced and there was guidance as to the support people required in the event of an emergency. Fire drills were practised regularly with one successfully carried out during our inspection. Staff were trained in fire safety and everyone living at St Johns Cottage was aware of fire safety. People were well informed and understood the measures needed to promote their safety. One person explained how the home used an "in and out" board to ensure staff knew who was in the building. They explained, "It's only because if there was a fire they have to know where are."

Staffing levels were based on people's support needs and there were sufficient staffing to meet these. Rotas showed that staff were deployed to support people with their chosen activities and appointments. For example some people had friends and relatives that were not local and staff supported people to visit them. One person told us, "They take me to London to get the train to visit my sister." Another person had attended an appointment out of area and an extra member of staff had been provided to support them getting there on time. People enjoyed a range of evening activities and staff were deployed to ensure they could do these. Recently some people had chosen to attend a one day self-esteem course and extra staff were provided to support this.

The provider had taken action to ensure that staff were both suitable and safe to work with people living at St John's Cottage. We looked at staff recruitment files and found they included a completed application with previous work history, qualifications and experience of the person applying for the job. References and criminal record checks were also included.

Good

Is the service effective?

Our findings

People told us they received the help they needed and were well supported; "I like all the staff...The staff are bright, they help you." The staff team was small and knew people well. One staff member explained, "They've got continuity with us." and another said, "It's well run, we all get on and we all communicate." Systems were in place to ensure that essential information was shared. For example the daily records and the staff communication book showed that any significant events were recorded. One staff member explained, "There is always a half hour handover and so there's plenty of time…we go over things in depth….."

People received the support they needed because detailed guidelines written in people's individual care plans meant staff had the information they required to effectively meet people's needs. Practical information was provided on people's communication needs, routines, likes and dislikes as well as personal care needs. For example, one person's support plan described how the person would often forget to care for their feet and therefore staff were to prompt them to "soak them regularly and apply cream." Information was also provided regarding the support people required to maintain their relationships with friends and family. For example one person's support plan stated that they needed "to be reminded when important dates like birthdays are coming up… likes help and support from staff to help him choose cards and presents, however the majority of the time likes to design and make his own cards."

Staff had the skills and knowledge to effectively support people's needs. The provider had ensured staff had undertaken essential training including health and safety, safeguarding, medication and First Aid. All staff had completed their National Vocational Qualification and where people had additional needs staff had undertaken training in autism, diabetes and epilepsy. Staff told us they valued the training; "We have quite a bit of training" and "They do courses that mean I can support people". Staff received supervision either individually or as a group and records showed that these included discussion regarding training, policies and procedures and the needs of people living at St John's Cottage.

All staff had received training in the Mental Capacity Act 2005 (MCA). We discussed the requirements of the MCA with staff and they demonstrated an understanding of the principles set out in the Act. One staff member explained, "You can't decide they can't do it. They have the right to make decisions that are not in their best interests". They explained how one person living with diabetes sometimes chose to eat things that were unhealthy; "I do advise her, but she decides." We looked at the person's support plan and it stated that the person "Is capable of making her own choices and decisions but she may need support to hear all the options available and advice from staff."

People's consent to care and treatment was sought and where this was refused, this was respected. For example, every woman living at St John's Cottage had been invited to routine health screening appointments. Staff described how they explained in simple terms what each test was for and people's care files recorded when people had chosen to undertake certain routine tests but had refused others.

People were supported to make informed choices regarding care and treatment. For example one person

although currently well had a serious medical condition that required long term monitoring. Records showed that they had attended appointments with their family and were being given time to consider their options. As the decision was complex they had already been shown accessible literature and a DVD that described what was involved when staying in hospital. Staff were also trying to get more information that would explain what the operation involved and what to expect after such a procedure.

People were supported to cook and eat a balanced diet that met their needs and preferences. One person told us, "We go shopping every Tuesday and choose the menu". People signed a rota that said when they would be cooking and their menus showed that people ate a varied diet. Fresh fruit was available and staff encouraged people to have both fruit and vegetables. Where people were reluctant to eat these staff had offered them smoothies. One person's support plan stated "X has recently tried fruit and veg smoothies and liked them." Records demonstrated that people's preferences were respected and where people did not want what was being cooked, they were supported to prepare an alternative. For example in the daily records staff had recorded when a person had chosen to eat later. One person's support plan stated they like to eat out and we saw that they had been supported to do so.

Staff supported people with their health needs and people were encouraged to live active lives and undertake a range of activities to maintain their health and well-being . One person told us, "I am trying to lose weight as I may have a big operation coming up". This person attended the local gym as did two other people living at the home. Each person had a health action plan that set out their specific health needs and the support they required to maintain their health and wellbeing. For example where some people required specialist medical appointments staff supported them with attending these at London hospitals.

People told us they were supported with all their health needs. One person explained, "They help me with my ear drops as it's a bit hard doing it yourself" and another person told us, "They take me to the doctor when I'm not well, they come and check that you are alright". Records showed that people routinely accessed opticians, dentists and chiropodists in their local community. One person attended dental appointments twice a year. Another person attended regular eye screening and chiropody appointments as they had insulin controlled diabetes and were at greater risk of developing problems with their eyes and feet. Staff had clear guidance for supporting the person to manage their diabetes. Records included a daily schedule, which involved recording their blood sugar twice a day. Where records indicated these were higher or lower than they should be, we could see there was explanation and action taken.

Good

Is the service caring?

Our findings

People told us they liked the staff and were treated with respect and warmth. One person told us, "It's really friendly, the staff make us laugh" and another said, "They talk to you in a nice way, they tell you but don't tell you off." People and staff described positive relationships. For example when we asked one person what they thought of the staff they told us, "They're like one of my family…." When we asked staff about people living at St Johns Cottage they said, "It's a family, staff and residents. Everyone seems to have fun, we communicate…." Another staff member said, "It's more personal here, we're more approachable, they look at us as one of the family."

Staff were committed to involving people in every aspect of the home and service. Staff told us, "They're always given choices. Everything is their decision." People told us, "We have residents' meetings where we discuss what we do" and "We talk about different things- if you have any problems, health and safety, any things you want." We looked at minutes of residents' meetings and these showed that people contributed ideas and that these were acted upon. Records showed that people were involved in the health and safety of the building. For example, health and safety checks of people's bedrooms were undertaken and these were done by people and staff together. Each check was signed by the person themselves to encourage a sense of ownership and understanding.

Staff told us, "We encourage them to be independent but they can always come to us if they're not sure or need help." We observed that people were involved with and carried out most everyday living tasks. For example we saw people do their own laundry, cooking and cleaning. Rotas for particular household activities were displayed and people signed for particular tasks.

People's independence was encouraged and enabled by the staff team. For example they were encouraged to be independent when attending routine health appointments. During our inspection one person was attending a chiropody appointment and was given a health outcomes sheet to be completed by the chiropodist. This enabled them to attend the appointment independently without staff support and to obtain written guidance as to what action was completed or needed following the appointment.

We also observed as staff supported one person to go through their personal finances. The person kept their own records and secure money pouch and staff supported them in looking at what expenditure they would be making that week, including any activities or shopping they had planned. The person completed their own paperwork and chequebook with staff spelling out any words they could not manage. As the person went to the bank on their own they were given an additional discrete piece of paper on which bank staff could record their balance. This promoted the person's independence and also enabled staff to sensitively monitor the person's finances and ensure that there were no financial concerns.

Where people were independently accessing their local community, staff had risk assessed and taken action to ensure they were safe. For example everyone living at St Johns Cottage had their own mobile phone and where some people were less confident in using them staff had programmed emergency numbers into the phone for them to call.

People's privacy and confidentiality was respected. For example, care records were kept secure and away from the main communal areas of the home. People had a key to their bedroom and were able to lock their door. Staff told us "We never just walk in, never! We always knock on doors and wait for them to ask us in." People living at St Johns Cottage were encouraged to maintain relationships with friends and family and an enclosed phone booth was provided which enabled people to make and receive calls in private. People told us they felt able to speak with staff about matters important to them and one person explained; "If you want a private conversation, staff are there to help you."

Good

Is the service responsive?

Our findings

People told us, ""They help me if I need help." and, "My keyworker talks to me about things….if you want a day out they arrange it." One person explained, "When I am annoyed and upset they come and help me." They told us how one specific member of staff listened and reassured them.

People received a service that was based on their needs, interests and preferences. People's care plans were regularly reviewed. Staff had been proactive in contacting people's care managers for formal reviews. One person explained, "When you have a review you go over what you've been doing…. and anything you want to bring up, anything you want to do in the future." Where people's needs changed staff responded quickly, taking action to meet their changing needs. For example one person's wellbeing had deteriorated following bereavement and the loss of their job. Staff had responded with compassion and had sought support from the person's GP and counselling services. They had also contacted a local mental health charity for the person to access social activities and support. Where the person's personal care needs changed, staff reviewed their support in order to keep them and other people safe. Practical measures for supporting the person were put in place, including a change of bedroom. Staff had contacted mental health professionals as felt that the person required specialist help. Staff described how it had been difficult to see the person distressed and how they had wanted to provide them comfort. One staff member told us, "Because you have known them for a long time you know them and so you try and work out why they are doing something", and, "They come first that's why we are here."

People's care and support was based on their preferences, their likes and dislikes and they were supported to live the lives they chose. The home felt homely and relaxed. There were times when people were out and about and other times when people were watching television or doing household chores. People's bedrooms were very individual and reflected the interests and hobbies important to them. For example one person liked a particular football club and their room had football themed furnishings and memorabilia. Three people showed us their rooms and told us how they had chosen the furniture and all the things in them. Every room we were shown was full of photographs, mementos and personal interests.

People told us how they were supported to maintain relationships and see friends and family. One person explained, "My sister comes to visit and when we have a party we invite friends." Another person told us that staff supported them to go to London where they then got the train to visit their family. People were encouraged to maintain friendships. For example, many of the people living at St John's Cottage had previously lived in a rural community that was set up to support people with learning disabilities. The cluster manager explained that although they were keen to support people with local opportunities, they recognised how important people's previous friendships were and so supported people to attend activities with these friends.

People were encouraged to live active lives and they were enabled to spend their days and evenings doing what they wanted. One person explained, "We watch DVDs, go out to the pictures, go bowling and go to the pub." Two people volunteered at different charity shops and another person at a residential care home. One person was in paid employment at a local DIY store. Everyone living at St Johns Cottage led a life

according to their needs and preferences. For example people were planning different holidays. One person was having several trips away; one with her family, one with a friend and another with people living at St Johns Cottage. Some people were exploring renting a cottage, whereas others were looking at booking a holiday camp. The night before our inspection, some people had gone to a drama club, others to a social club and others to the local pub. This showed that people's individual interests and preferences were respected.

People told us that if they had concern or a complaint they would feel confident in raising it. One person said, "I talk to staff …if I have a problem." They explained that they would also feel able to share concerns with outside organisations such as the day service they attended or a family member. One staff member told us, "I like it because they're so independent and they are vocal. They're not afraid to stand up and say they don't want something." The provider encouraged people's feedback and had a complaints procedure that clearly set out what people could expect if they raised a complaint. Guidance for making a complaint was displayed in the main communal area of the home. There was an accessible complaints form called "Making things better -Complaints Form". This enabled people to describe how they felt and the nature of their complaint. It also included actions to be taken and a review at the end of the process which asked the person to consider "Are things better?" Where people had raised a complaint this was listened to and acted upon. For example, one person gave us an example of when they had raised a complaint and action was taken; "I had a keyworker I didn't like and they changed it". Other people told us there had been a time when they were unhappy with a member of bank staff and raised this with the manager and now the staff member no longer worked at the home.

Requires Improvement

Is the service well-led?

Our findings

People told us, "It's nice here but I don't like the changes- we want a proper manager, it would be nice to know who that will be." Another person explained, "Now that (X) the manager has gone it's changing a bit. We have a temporary manager until we find out who our manager will be" and, "I think it's well run but it's difficult when staff leave."

The current management responsibilities were unclear and had resulted in shortfalls that the management had failed to identify or act upon. The home had been without a registered manager since January 2016. The provider had restructured and created a new management post called a registered cluster manager. The aim being that this new post would be the registered manager for three locations including St John's Cottage. Although a person had been recruited they had decided not to continue in the post. The operations manager told us that they were due to shortlist new applicants but that in the meantime they had submitted an application to be registered manager themselves.

Where the home's management was in transition we found that this had led to some ineffective monitoring checks and audits. For example we asked the cluster manager to show us the home's fire risk assessment, however they were unable to locate it. A fire risk assessment is an important document in ensuring the safety of people, staff and visitors and should be a familiar document to staff and management. During the inspection the inspector found the fire risk assessment which had been completed in June 2015. It stated that emergency lighting needed to be tested monthly. However when we looked at the emergency lighting test sheet this had not been done. The home's test sheet indicated that the lighting should be tested every three months however since June 2015 it had only been tested once in October 2015. The operations manager explained that a new health and safety representative was responsible for undertaking health and safety audits with the first one having been undertaken two weeks previously. When we looked at this audit the representative had identified the issue but no action had been taken.

The health and safety audit had also identified that some important maintenance certificates such as the home's five year electrical wiring certificate were not available to check. During our inspection we asked the cluster manager to show us these certificates to evidence that the home was well maintained and safe. However they were unable to locate them. Although following the inspection we were subsequently provided with copies, this showed that quality and safety monitoring systems were not effective.

We looked at other quality monitoring tools used by the provider and found that they had not been used effectively to identify shortfalls. For example the cluster Manager undertook a monthly compliance audit that included medicines. When we looked at medicines we found that the home had an out of date homely remedy that had not been disposed of and that there was no list of approved homely remedies to ensure that people were safe to take them. However none of the audits undertaken had identified this as a shortfall and a potential risk to people's safety.

We spoke with the operations manager about medicine management and what systems were in place when an error had occurred. They told us that a medicine error form should be completed and shared with

themselves and Human Resources to ensure necessary action was taken. However where an incident had occurred ten days previously this system had not been followed and although a medicine error form had been completed it had not been shared or led to change. As a result we found medicines stored that were not recorded and medicine administration records that remained unclear.

The registered provider did not have effective systems in place for monitoring the quality and safety of the service, identifying when there were issues and acting upon these in a timely way. This is a breach of Regulation 17(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The operations manager explained how people were supported to live full lives and told us, "I love coming to this house because you walk in and on certain days they're all out." People we spoke with were happy with the service they received and told us, "I do like it, very much" and "I like it here…..I've got a good life." We looked at the home's statement of purpose which said, "We enable people to make informed choices and be involved" and "We support people to realise their potential." When we spoke with staff they were clear about the aims and objectives of the home. One staff member explained, "We try to support them and make them as independent as possible, keeping them motivated and trying new things" and another told us, "Everyone who lives here seems to be happy. They make their own choices and we support them in what they want to do."

The provider had a range of systems for sharing information and best practice. One staff member told us, "They seem like a good professional organisation, geared towards people and making life better for them." We looked at newsletters for people who received services as well as employees. These shared national and local information and we saw that the latest newsletter included people living at St John's Cottage and how their volunteering made a contribution to their local community.

People living at the home and the staff supporting them had strong connections to local and national groups. The provider was a member of European, national and local best practice groups including the British Institute of Learning Disabilities (BILD). This ensured they were up to date in any developments in practice and research. Staff had access to a computer system which gave them information and support in terms of latest policies and procedures, as well as access to specialist services. For example, there was a section that included templates and guidance for staff to follow. It also provided named specialists they could contact for advice regarding particular topics such as the needs of older people, inclusion and positive behaviour support. This meant that staff were connected to the organisation as a whole and were provided an opportunity for sharing best practice.

Local community links were fostered and events were displayed on a noticeboard. Staff told us they got information from a local charity as well as local shops. People living at St John's Cottage had strong links with their local community. For example some people attended a local partnership group set up to deliver inclusion and opportunities for people with learning disabilities living in the area. One person told "I have made friends with some of the neighbours- if they see me they know my name." Another person attended church and local people had drawn up a rota in which they took turns to collect and drive him.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that medicines were effectively managed and that guidance was robust enough to ensure people received their medicines as they required them. Regulation 12(2)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have effective systems in place for monitoring the quality and safety of the service, identifying when there were issues and acting upon these in a timely way. Regulation17(2)(a)(b)