

Langley House Trust

Ashdene

Inspection report

29 Peterson Road
Wakefield
West Yorkshire
WF1 4DU

Tel: 01924291088
Website: www.langleyhousetrust.org

Date of inspection visit:
23 February 2016

Date of publication:
05 May 2016

Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

The inspection took place on 23 February 2016 and was unannounced.

Ashdene is a specialist service offering residential support for up to 16 male ex-offenders and people who are at risk of offending aged 18 years or over. Some people have complex needs which require specialist support; which is in very short supply both locally and nationally. Ashdene has several ground floor rooms and is able to take ex-offenders who are dependent on a wheelchair for mobility. Ashdene also offers a floating support service which supports people in their own accommodation after their stay in the project.

There was a registered manager in post at the time of our inspection. 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.

People we spoke with told us they felt safe living at the service. They told us staff were kind and considerate and always treated them with dignity and respect.

Staff we spoke with demonstrated a good understanding of their role in safeguarding people from harm and knew who they would need to report any concerns to.

We saw medicines were not managed safely. They were administered by trained staff. There was an issue with the medication fridge which was not at the correct temperature, which the registered manager told us they would rectify. There were also issues around the storage of used needles and signing for medicines when they were given.

This was a breach of Regulation 12 (2) (g) safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home was very clean and was pleasantly decorated. We found no evidence of any malodours anywhere in the home. We saw that there were communal areas where people chose to spend time socialising with other people who used the service.

We found that there were robust auditing processes in place which allowed the registered manager to monitor the quality and safety of the service. This information was shared in a report with senior managers of Langley House Trust and there was an action plan in place to continue to improve the service.

On the day of our visit we saw people were given choices about how they wanted to spend their time, and we saw that staff discussed choices with people throughout the inspection.

We saw there were sufficient numbers of suitably trained and skilled staff available throughout our visit to

meet people's needs safely.

The service was successfully supporting people to become independent and to make the transition from a custodial environment to living independently in the community.

People who used the service were able to access education and gain valuable skills and qualifications. People were attending the local college and one person was learning to drive.

There were very strong partnerships in place between Ashdene and other agencies including the Police, probation service and social services. This partnership approach allowed the people who used the service to benefit from both therapeutic treatment and consistent boundaries which allowed them to adjust from an institutionalised way of living to being able to live independently.

The cook in the service provided people with good quality 'home cooked meals' which were enjoyed by all the people we spoke with. The cook also offered valuable support in teaching people how to cook and their involvement had inspired several people to go onto study catering at the local college.

Care plans were created with the people about whom they were written, and were person centred as a result. People had a key worker who met with them weekly and reviewed their support needs and progress. This led to an evolving care plan which was up to date and met people's needs.

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 safe.

The service did not always manage medicines safely.

Staff demonstrated a thorough understanding of safeguarding people.

The recruitment processes were safe and robust.

Is the service effective?

Good ●

The service was effective.

Staff were well trained and competent.

Staff were well supported and received regular supervisions and appraisals.

People enjoyed a good range of home-cooked meals

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and considerate in the way they interacted with people.

People were treated with dignity and respect.

People were actively encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

The care plans were person centred and people were involved with the writing and reviewing of their care plans.

People were encouraged and given the opportunity to access education and undertake qualifications.

People were able to access a wide range of activities and community based groups.

Is the service well-led?

Good 

- The service was well-led.
- There was clear leadership and guidance evident in the home.
- There were effective processes in place to monitor the quality and safety of the support given.
- The service worked in partnership with other agencies to achieve the best outcomes for the people who used the service.

Ashdene

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.

The inspection took place on 23 February 2016 and was unannounced. The inspection was carried out by one adult social care inspector, a specialist advisor and an expert by experience that had experience of services which offered residential care and support to this service group. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed the information we hold about the registered provider. During the inspection we gathered feedback from other agencies who work with the registered provider including the local police force and the probationary service.

During our inspection we spoke with seven people who used the service, two people who had used the service and had successfully moved into independent living, three support staff, the manager, one of the deputy managers and two social work students who were on placement at the service. We looked at the care records for four people, the medication records for everyone who used the service and various other records which showed how the quality of the care and support was monitored and what actions had been taken to show that the registered manager worked to continuously review and improve the home.

Is the service safe?

Our findings

People who used the service told us they felt safe, one person said "Staff are always around when I need them, this is very reassuring." Another person told us "I sometimes get distressed, the staff here are really good and they support me to feel safe."

People living at Ashdene told us they felt they were safe from bullying and harassment. The service had a policy of addressing any issues as they were reported. This was reflected in the care records and 'written or verbal warnings' were issued for breaches of contract and anti-social behaviour by the people who used the service. One person said "I feel safe here, I have never seen any bullying or anything like that, and we have a good mix of young and older people so it calms things". Another person said "If there are any issues the staff deal with them straight away"

Staff we spoke with had a good understanding of their role and responsibilities in relation to safeguarding and were able to explain the types of abuse and the signs which may indicate a person was being abused. Staff were clear on the process they would follow in reporting any concerns they had and how they would escalate their concerns if they felt they had not been appropriately dealt with. Staff told us they were aware of the whistle blowing process and were able to tell us who they would report matters to; this included the local authority safeguarding team and the Care Quality Commission (CQC).

We saw staff were working well with people to promote their human rights, for example staff were working with people to rebuild relationships with people in their families in cases where these relationships had broken down.

People who lived at Ashdene had an offending history or are at high risk of committing offences. We found there were thorough risk assessments in all the care files we reviewed which identified the level of risk and necessary measures to minimise those risks. The risk assessments were reviewed regularly by the person who used the service and their key worker with specific goals being set to be achieved by the next review. The service worked closely with the Police and probation services collaboratively to minimise the risk of offending.

We looked at the premises and found that the building was clean and pleasantly decorated. People who used the service told us it was always very clean and they liked their surroundings.

We spoke to the registered manager and asked whether they had personal emergency evacuation plans (PEEPs) in place for the people who used the service. They told us they did not, however they worked very closely with the local fire service who had advised them on the systems they had in place and were happy that people were safe. The home had a system in place which if the fire alarm was triggered, unlocked all doors to allow people to leave the building safely. The people who used the service were able to mobilise independently which meant they could leave the building with minimal assistance in case of emergency. We advised the registered manager that they needed to have a risk assessment in place for each person who lived at the home.

We reviewed the records which were kept of accidents and incidents; the registered manager told us the records were kept centrally at Head Office. We asked for examples of these to be sent. The records we received were detailed and there was evidence of the investigation which had been carried out. The incidents recorded were verbal aggression which had taken place between people who used the service. One person who used the service told us "there are bound to be a few arguments, we all have our problems here."

We were in the service throughout the day of the inspection and we observed that there were enough staff on duty to meet people's need safely. We looked at the staff rotas for Ashdene and found that the staffing levels were always consistent.

We reviewed the recruitment process which was in place. We found that the registered provider was carrying out all necessary pre-employment checks to ensure that the people who were employed were of good character and were not a risk to vulnerable people. We saw that staff had undergone a thorough interview and that references and disclosure and barring (DBS) checks had been carried out. This meant that the recruitment process was safe and robust.

We inspected the dispensary at Ashdene and found that although the fridge had daily recordings of the fridge temperature, there were records of a maximum temperature of 21.8 degrees Celsius during January; the correct temperature for a medication fridge is between 2 and 8 degrees Celsius. The thermometer had not been reset after this reading therefore every subsequent recording since that date had the same maximum temperature. There was no way of knowing if that temperature was a daily occurrence or a one off. The freezer section in the fridge was also in need of defrosting, this could potentially affect the fridge temperature reading. These concerns were discussed with the manager, who said they would rectify the situation immediately and would purchase a new fridge if the existing one was not functioning correctly.

We found that the sharps bin in the dispensary was filled over the maximum fill line raising the risk of a needle stick injury to staff. This was raised with the member of staff who was administering medicines and was immediately replaced.

We noted that all the medicines were supplied in blister packs and were delivered by the pharmacy; they were stored in a locked cupboard and dispensed by staff that had completed a thorough external training and competency programme. The medications were dispensed in private by two members of staff. However we did note that there were seven missing signatures on the medication administration records (MARs). We discussed this with the staff who were administering medicines and they assured us this was an oversight and that the medicines had been administered as prescribed. We saw that the medicine counts matched the records we saw and were satisfied that this was the case.

One resident required that their blood sugar levels needed to be checked three times per day. The records of their blood sugars however did not show this was the case. We spoke to one member of staff about this who told us "(person) doesn't always accept it when he's asked". There were no recordings of a refusal however; we discussed with staff the importance of recording their refusal to show that it was the person's choice not to have the procedure carried out. This demonstrated that medicines were managed safely and when there was an issue identified there was immediate action taken to rectify it. These issues demonstrated a breach of Regulation 12 (2) (g) safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

A person who used the service told us, "The staff know what they are doing and they know how to help and support me."

We looked at the staff training records and found that staff had received comprehensive training prior to starting work at Ashdene. Staff told us that they had an in depth induction. A member of staff who had recently started work told us that this now included a comprehensive file which they needed to complete within the first three months of their employment. We reviewed the file and saw it included information on all aspects of working for Langley House Trust, including employment legislation, organisational policies and procedures, the Care Certificate and information on the safe management of medicines.

The training records for established staff showed they were receiving regular updates on mandatory training subjects and were also able to access a wide range of extra training. One member of staff told us "The training here is brilliant,. There is a list which we look at of what is on offer and we pick the course we want to do, I have never known anyone be refused any of the training they have requested." The training offered was specialised and relevant to the needs of the people who used the service and included understanding and reducing the risk of re-offending, and self-harming awareness and prevention.

We looked at supervision and appraisal records. These showed that all the staff at Ashdene received at least monthly supervision which was recorded in their personal files. The discussions were relevant to the staff's role and offered emotional support in addition to role based feedback. We asked the registered manager whether staff received annual appraisals, they told us and records confirmed that they did. This meant that staff were being well-supported and were being given the opportunity and support to look at their own practice and development needs.

We asked the registered manager how they communicated with the people who used the service and the staff team. They showed us the minutes from monthly meetings which were held. The staff meetings were well attended. The minutes showed that the staff team were kept up to date with developments in the service and with individuals who used the service during these meetings. There were also records of house meetings and the registered manager told us most people used their key working sessions to communicate anything which was bothering them.

One new member of staff member we spoke with said "Everybody is really helpful; I feel I am doing a good job. When you start you get to read all the care files to get to know everyone here. We get direction every day." Another member of the care staff said "I got to shadow someone for a few weeks when I started; I got loads of feedback about how I was progressing."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with the registered manager and they told us that all the people who currently used the service had capacity to make their own decisions, and did not therefore require a DoLS authorisation. Whilst there was a locked door to the front of the property people were not restricted from leaving.

All people who lived at Ashdene signed a consent form to authorise the working with partnership agencies i.e. probation and Police when they started their tenancy. Consent was also revisited in the formation and reviews of all care plans and risk assessments in the people who used the services care files. One person we spoke with said "The staff ask us if we want to do things or if they can help us in any way but they never pressure us into anything, I came from prison where I was told to do everything. It's nice to be asked." This meant that the registered provider was asking for and receiving consent from the people who used the service for the care they received.

All people entering the service signed a contract which outlined acceptable behaviours and the expectations the service had for treating others with respect. We saw evidence that this contract was monitored and action was taken where there were breaches. There were written warnings in people's files which were in response to proven breaches of the terms of people's tenancies. This meant that the home set out clear expectations for the level of behaviour they required and people who did not meet those standards were addressed.

People we spoke with praised the quality and variety of the food. One person told us "I like the food here, it is good home cooking which is what I am used to and I like the choices." We saw that there was provision for three people to live in the self-catering accommodation in the home. This was designed to allow people to move to the next level of independence before they were ready to move into independent living. The cook was very supportive of people and encouraged them to learn the cooking skills which they would need to be able to cater for themselves. People were independently mobile and were able to access drinks as they wanted if necessary supported by staff.

We saw that people had regular access to a variety of healthcare professionals, including dentists, opticians, GP's and specialist services which offered individual support. There were people who were able to attend their appointments independently,. Other people were supported to their appointments by the staff team. A social work student on placement at the home said "We don't just go out for trips; we are always ready to help someone get to their appointments."

Is the service caring?

Our findings

People who used the service told us. "I feel the staff are very approachable. T they notice if I am down or need support I don't always have to ask. My keyworker is very supportive and they have my best interests at heart."

Throughout the inspection we observed warm, kind interactions between staff and the people who lived at Ashdene. There was evidence of genuine interest in and knowledge of the people's needs. We saw staff sitting in the lounge with two people who used the service and they were talking about an upcoming trip out. One of these people told us "They always sit with us and ask us what we want to do."

There were staff available to give extra support with activities and support people with daily living where they have been assessed as needing it. One member of staff who offered this support said "I come in in the morning and help (person) get washed, have a shave and get dressed. If (person) wants to go out anywhere in the day I can be there to help him get out".

Staff spoke fondly of the people they supported. Staff were aware the people they supported had experienced difficulties, and they supported them positively to help them overcome these issues. People who used the service told us the staff were kind caring and supportive and were keen to express that the staff had supported them to change their outlook and to plan for the future. People told us they felt they were involved in all aspects of the support and care they received and told us their keyworkers worked with them and encouraged them to move forward.

People told us that staff supported them emotionally. Some people who used the service suffered from severe anxiety, they told us that staff were aware of this and helped them to cope when they were feeling anxious, by reassuring them and offering them company.

A visiting professional told us "The team here watch out for the welfare of the residents, they care and monitor. There is a good balance of therapeutic engagement and boundaries. People here learn life skills and respect. Ashdene helps people learn to manage in the outside world."

We saw from people's care records that they received support from other professionals to express themselves and that these people acted as their advocates. This input included the probation service and social workers who understood the person and their history, which allowed them to better support them to share their opinions and make decisions.

People had their own rooms which were private and not accessible by other people or staff without the person's permission. This meant that people could go to their rooms when they wanted privacy. Staff understood the people they supported needed privacy and they supported people to have this. We saw that staff were respectful in the way they treated people which ensured their dignity was maintained.

The service promoted independence and choice there was evidence that some people had actively

requested support with this as part of their progress goals. During the inspection we observed staff escorting people into the community and assisting people to plan their days. This showed that people were being supported to be as independent as possible, whilst being guided and learning new skills.

The aim of Ashdene is to help people to make the transition from living in an institutionalised manner to being prepared and sufficiently skilled to live independently in the community without being at risk of re-offending. We observed that staff were sensitive and understanding of resident's needs. A person we spoke with told us "I notice that people leave and move on this can only be good." Another person told us "I have talked about moving on during key-working but am not ready yet. I have time to reflect and challenge myself; my key-worker is skilled about this. "

Is the service responsive?

Our findings

One person who had used the service and had successfully moved into an independent living arrangement told us, "This place helped me get back on my feet, most days I did some kind of activity which kept me involved. It is good here anytime the staff will help you I have been promoted to independent living" Another person who lived at the service told us, "I have got my freedom back now."

We reviewed the care plans of four people who used the service. We found the care plans were detailed and person centred. Each file had a copy of the assessment which had been carried out prior to the person's acceptance to the home which was to determine whether the service was suitable for them and to ensure their needs could be met. We saw that each person had comprehensive care plans in place which were well organised, informative and easy to follow. All of the care plans we reviewed had an emphasis on collaborative working. They included an assessment of needs and actions to allow people to meet their goals. A resident we spoke with said "I worked on the plans with my key worker, they are my future and about me. They encourage me to succeed."

We saw that people who used the service had been involved in developing the care plan and had signed to say they agreed with them. We saw that risk assessments had been carried out which provided clear information to staff with guidance on how to minimise risks to people themselves, and to others in the wider community.

We saw that care plans were developed with involvement from other services such as the police, mental health services and probation services. We saw that people's health needs were recorded in the care plan and that input from other agencies was documented. This meant that the registered provider was ensuring that every person who used the service had a person centred care file, which gave staff the information they needed to support people effectively to achieve their goals.

We found that there was evidence that care plans were reviewed regularly and that care plans evolved as people made progress against their identified goals. There was evidence to show that people met formally with their keyworkers every week to discuss all aspects of the support they received and to look at what worked well and what may need changing. The records of these meetings showed the progress of the people who used the service against their goals as they clearly followed on week by week.

People we spoke with told us that Ashdene had taken the decision not to allow a television in the main communal areas during the day. This was overwhelmingly supported by the majority of people who lived at the home, and people told us they appreciated having their own television in their rooms. This meant that the registered manager had taken action to encourage people to engage with each other and participate in activities during the day.

The registered manager told us that they encouraged people to undertake training and to learn new skills which would be helpful to them in their journey to independent living. We saw from a report which was produced by the registered manager that people were accessing a wide range of education and learning

facilities. For example one person was learning to drive, and another person was undertaking a qualification at the local college.

There were a number of people who were currently using the service or had previously lived at Ashdene and had achieved independent living who had worked with the cook. The cook had enabled people to gain an interest in cooking and they had supported people to further their skills by attending the local college and undertaking catering qualifications. One of the people who had moved into an independent living arrangement still returned to the service to help the cook when they were able to. There were other examples of people who were volunteering at local community groups, for example the 'my space café'. One person told us, "We get support from the church, they don't make us attend. I'm involved in voluntary work there now". Another person told us they were involved in some basic cooking skills training; and were happy about this because they understood it is vital to achieving independence. This demonstrated that people were able to access a range of activities and educational opportunities which helped them to learn new skills.

People told us that they went on trips out and that they planned these with staff. There had been various trips out including day trips to the seaside. Other people attended regular groups which offered activities, these included arts and crafts, woodwork and a gym which one person attended. There were regular activities offered in the home. For example, model making, darts and pool tournaments and a walking group. One person told us "Staff are always here to help, they have encouraged me to train as a joiner and I have a qualification now. They ask if we want to go to bingo or pool too."

One person who used the service told us "I like the communal areas in the house because I suffered being lonely, it is nice to have people around. People told us that they felt supported and that staff made time to spend with them so they did not feel lonely. We observed that people interacted well and chose to spend time in the communal areas where they could be with other people. This meant that people were not at risk of becoming isolated.

We noted that throughout the inspection we heard people being given choice, in all aspects of their daily living, from what they had to breakfast to how they chose to spend their day. All of the people we spoke with who were living at Ashdene told us they were involved in the running of the service and in making their own plans, for example they were involved in planning group activities and choosing the menus.

People spoke highly of the staff and how they had supported them, one person told us, "this place has helped me put my life back together in stages at my own pace and no pressure" another person said "If I hadn't come here I would be on the streets, it's given me the start I needed to turn my life around."

We spoke with people who used the service and asked them if they knew how to make a complaint or raise a concern if they were unhappy with the service. All the people we spoke with told us they would speak to their key worker or one of the managers. We looked at the complaints records for Ashdene. We saw that the complaints were all from people who used the service raising issues they had with living with other people. We saw that each matter had been acknowledged, investigated and responded to appropriately and in a timely manner

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. The registered manager was supported by two deputy managers and a team of support staff.

The registered manager demonstrated their understanding of the requirements of their registration with the Care Quality Commission as they informed us of any notifiable events in a timely manner.

We found the home to be warm and welcoming. There was a positive culture of inclusion at Ashdene, both the manager and deputy manager were present around the home leading the staff and giving direction throughout the day. Staff were keen to speak to us and share their experiences of supporting people at Ashdene. The people who used the service and people who had achieved independent living were equally as keen to share their thoughts and positive feedback. One person told us, "The atmosphere is really easy going. I get along with everyone and have a joke with staff and others.

One staff member said "It's easy to talk to (the manager); he is considerate, especially of people's stress levels." Another said "We always get adequate time off, I can honestly say they are the best manager I have ever had."

All of the staff we spoke with said they got direction both during the course of the shift and also in monthly recorded supervision. The staff told us they felt supported in their duties and they received the training they requested. One said "There is a focus on training for us at the moment, the company really wants to do what's best for the clients so will authorise any training we ask for. The only downside is we have to travel to Coventry for some of it." Other staff we spoke with felt that the travelling was a positive, as this showed that the organisation was willing to invest in their development and they enjoyed the trip away.

We saw there was an 'On call' rota for the home which meant staff could access one of the managers for advice out of hours. In the event that there was an issue that the on call manager could not deal with there was also a senior manager on call they could consult. This meant that staff were well supported and that there was clear leadership in the home.

We noted that other agencies who worked in partnership with Ashdene requested to speak to us to express the value of the service Ashdene provided, as they told us without it the people who had been supported to make the transition from a custodial setting to independent living would not have been able to do so.

We spoke to the Police liaison officer who said "They are exceptional when working with us, there is a joint approach; (person) has progressed here and done so well. They definitely would have reoffended if not for this service."

People who used the service told us they thought the home was very well run and one person told us "The staff deal very well with some difficult customers."

We spoke with staff and asked them about the responsibility of their positions, and what they understood these to be. Staff clearly demonstrated that they had thought about the risks that the people they supported could pose to other people, but also about the risks these people were at personally. For example one member of staff described how they would explain to people the dangers of them sharing information about their past with other people as this could make them a target for abuse.

The registered manager was clear about the accountability of the service to the local community and the people who used the service. They told us they have a very close working relationship with other agencies they worked with particularly the local Public Protection Unit of the police. The registered manager told us and the Police officer we spoke with confirmed that the service was very pro-active in reporting any breaches of the conditions of people's licences, this included curfews (times people needed to be home by) and people who had absconded, because this partnership was in place the police were able to take prompt action to ensure the person's safety.

Langley House Trust is a Christian charity. Their vision and values are based on Christian values. There was evidently a very close partnership with the church across the road. Staff training and meetings were facilitated there. They ran groups jointly with the local church which were funded by Langley House Trust, and people who used the service volunteered at the church. People who used the service valued the Christian aspect of the ethos but told us there was never any pressure put on people to attend church.

The police officer we spoke with from the public protection unit described to us that they had a 'cooperative working partnership'. They told us that the work which Ashdene did was a crucial part of the rehabilitation of the people they referred to them. The police officer said that it was the mixture of therapeutic work alongside the consistent boundaries which led to the services success. This meant that the registered provider recognised the importance of partnership working and worked hard to build and maintain these relationships.

We looked at the processes which were in place to monitor the quality of the service. We found that the registered manager carried out thorough and very regular auditing of all aspects of the service including staff training and supervision, environmental checks, care records and recruitment. The results of these audits were then compiled into a 'project manager's monthly report' which was shared with senior managers and head office. These processes ensured that the registered manager was monitoring the quality and safety of the service, and that by sharing the findings of their audits the registered provider had oversight of the service.

We saw there was an action plan in place which covered all aspects of the service. The action plan showed the plans which were in place for the continuous improvement of the home. This had been formulated by analysing the results of the audits and reports. This meant that the registered provider was ensuring the home was progressing and was maintaining good standards of care and safety.

We looked at a variety of records which were kept in the service; these included the daily support records which were written by the staff team as they supported people. We found that the quality of records was good and that they daily support records gave the reader an insight into the daily lives of the people about whom they were written. This meant that other agencies who had input into the care and support of the people who used the service were able to gain insight into people's progress and areas for further development

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The medication fridge was not working correctly, there was a sharps bin which was unsafe as it was overflowing and there were some issues with recording of medicine administration</p>