

The Brandon Trust

Short Term Breaks - April Cottage

Inspection report

April Cottage
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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an announced inspection on 7 January 2019 to Short Term Breaks – April Cottage. The provider changed mid-October 2018 and so this was the first inspection under the new provider.

This is a service where people receive accommodation and 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 offers up to four people with a physical or learning disability short term breaks/respite throughout the year. This can be for a few hours or overnight stays. At the time of the inspection the service was providing short term breaks to a total of 33 people. At the time of our inspection one person was visiting the service for a few hours and one person was staying overnight at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were some audits and monitoring checks in place. However, audits did not always effectively identify where improvements needed to be made, such as ensuring complaint and safeguarding records were all up to date and accessible and that all staff received the supervision and annual appraisal of their work.

This was a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.). You can see what action we told the provider to take at the back of the full version of the report.

Staff were knowledgeable and had the relevant skills and experience to support the people staying at April Cottage. However, improvements needed to be made to ensure staff received the support they required via regular supervision and an ongoing appraisal of their work.

The building, owned by a housing association, required updating in places and rooms needed decorating. The registered manager was looking for this to be actioned shortly after the inspection

There were enough staff to keep people safe and the provider followed safe recruitment procedures. Staff knew people's needs well and were passionate about supporting people. However, due to changes in staff member's working patterns, some felt they no longer had the time to read information to prepare for the shift. The registered manager was aware of these concerns and was working to support staff through the changes.

There were systems in place to manage and respond to complaints and people and relatives knew who they could go to if they had a query or complaint. One complaint record was not available to view during the inspection and the registered manager confirmed they would ensure this was obtained and kept in the service to show how it had been dealt with.

The provider had appropriate arrangements in place to help protect people from the risk of the spread of infection.

People were safe using the service. Staff knew how to recognise safeguarding concerns and what to do if they suspected any abuse. Risks to people were identified and plans put in place to minimise these risks. Guidance was in place for staff so that they could mitigate risk, whilst supporting people to take sensible and assessed risks in their lives. People and their relatives were involved in the development of their care planning and people's needs were reviewed on an ongoing basis. People safely received their medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People's health and nutritional needs were assessed and reviewed on an ongoing basis. Staff worked with social and health care professionals and sought specialist advice to ensure they were supporting people appropriately. Health and social care professionals were complimentary about the staff team and the support people received when staying at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were procedures in place designed to safeguard people from abuse. Improvements needed to be made to ensure all safeguarding records were available to view.

Medicines were being managed safely.

The risks to people's safety and well-being had been assessed and planned for.

Recruitment checks were in place and there were sufficient numbers of staff to support people to stay safe and meet their needs.

The provider had systems in place to manage incidents and accidents and took appropriate action where required to minimise the risk of reoccurrence.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People received care from staff who were trained to meet people's individual needs. Improvements were needed to ensure staff received on-going regular management supervision and an appraisal of their work.

Improvements were needed to the building to ensure it was welcoming and that any maintenance and improvements to the décor were carried out in a timely manner.

People received support to ensure adequate nutrition and hydration.

People's health needs were assessed and people were supported to access appropriate external professional help if this was required.

Consent to care and treatment was sought in line with legislation and guidance.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff supported people with care and respect.

People and their relatives were involved in making decisions about their care and expressing their views.

People's privacy, dignity and independence were promoted.

Is the service responsive?

Good ●

The service was responsive.

The service had a complaints procedure that was accessible both to people who used the service and their relatives. However, the complaints records all needed to be accessible to ensure when issues were raised these had been responded to in an appropriate manner.

People's needs had been considered and support plans highlighted people's likes and dislikes.

People were supported to access activities they were interested in.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There were some systems and processes in place to monitor and improve the service. However, these needed to be more effective to identify any issues and develop a plan to address any shortfalls in the service.

Management and staff were committed to providing people with a positive experience of using a respite service and worked alongside health and social care professionals to ensure people's needs were met.

Short Term Breaks - April 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 7 January 2019 and was announced. We gave the registered manager one working days' notice of the inspection as the service was not usually staffed during the day and we needed to be sure someone would be available to assist with the inspection.

The inspection was carried out by one inspector and one Expert by Experience who telephoned people using the service and their relatives on the 14 January 2019 for their views on the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses health or care services.

We reviewed statutory notifications that the service had sent to CQC. A notification is information about important events which the service is required to send us by law. Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). The provider had completed the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met with the registered manager, service manager and two support workers. We also briefly spoke with one person who was using the service. We looked at records including three care plans and associated care documents, five staff files including recruitment information on two staff employment files.

We observed how staff supported and interacted with people using the service as people were not able to

fully tell us about their experiences of the service.

Following on from the inspection, we received feedback via the telephone from one person who used the service and 11 relatives. We also obtained, via emails, the views on the service from four relatives, two staff members and three health and social care professionals.

We also asked the registered manager to send to us certain information, such as, a sample of policies and procedures, training information and confirmation of action they had taken after the inspection.

Is the service safe?

Our findings

One person was able to tell us they felt safe using the service. They said, "I feel safe going there (to the service), staff understand me." A relative told us, "I'm confident [person using the service] is kept safe in April Cottage." People appeared relaxed around the staff team and the feedback we received from health and social care professionals indicated that people were safely supported with staff who received safeguarding training and guidance on how to meet people's needs.

People were supported safely and action was taken when safeguarding concerns were identified. The registered manager told us about the action they had taken and one record confirmed this. The registered manager had communicated with a social worker asking for an update on a previous safeguarding concern and were waiting for an outcome to their query. The safeguarding records were not all available to view, the registered manager confirmed they would make sure they had all the necessary records held in one place so they could monitor any concerns known to them.

Staff also gave us appropriate explanations of the action they would take if they were made aware that someone was at risk of harm and abuse. The service manager explained the process when a safeguarding concern was brought to the registered manager or provider's attention and we were satisfied that processes were in place to protect people using the service.

People's support plans contained risk assessments and where risks were identified there were plans in place to manage the risks. Any risks present, such as a risk of choking, had plans in place to ensure people were kept safe. These were regularly reviewed to ensure they were up to date and guidance was included for staff to read where people had specific needs. One relative told us, "[person using the service] is definitely kept safe". They [staff] are very attentive. They take her out and are right by her all the time because she has no sense of danger."

The registered manager confirmed they relayed any new information about a person coming to use the service, especially if it was an emergency placement, to ensure staff had all the necessary details they needed to support people safely.

People were supported by sufficient numbers of staff. We received a mix of responses when we asked a person who used the service and relatives about staffing levels. One person said there were enough staff working when they stayed at the service and they could sometimes have one to one support. One relative told us, "There is ample staff in the unit." Whilst another also confirmed, "My [relative] only goes to April Cottage on the weekends and there is always enough staff on hand for her." However, three relatives commented that the service occasionally seemed short of staff, with one relative informing us that since the new provider took over staff appeared to be "stretched". However, all the relatives repeatedly told us that people were not placed at risk of harm or unsafe care and were supported safely.

Staff raised some concerns they had in starting their shift half an hour later than under the previous provider. We fed this back to the registered manager who was aware that some staff had told them of their

concerns about the changes. They were seeking to support the staff team in adjusting to the new ways of working. As every shift had different people staying, the registered manager arranged staff cover in line with people's assessed needs and so at times one staff member was deemed sufficient to support the people who might require minimal support from staff. The local authority determined the level of support a person requires, however, the registered manager could and had, in some cases, requested a review of the person's assessed needs to ensure they could arrange the right level of staff cover in the service.

The registered manager told us they booked agency staff to cover shifts not covered by the permanent team. This was due to some recent staff vacancies. Where possible, this was a regular agency staff member who were familiar with the service. The registered manager confirmed there were no more new referrals at present which would enable staff to adjust to the new ways of working, continue to support people they knew and adjust to working for a new provider.

Health and safety checks were carried out. Fire risk assessments and records of fire alarm tests were in place. A fire drill practice had not been held for some months which the registered manager said they would ensure one was held. Checks were both carried out by external companies and by the staff team to ensure everything was safe and in good working order. People had personal and emergency evacuation plans in place to guide staff in knowing how to support someone in the event of a fire.

People received their medicines safely. One person confirmed staff always gave them the right medicines and told us, "I can ask staff when I need my PRN ('as required') medicines when I am feeling anxious." A relative confirmed, "{Person using the service] always gets medication on time and staff are red hot on that." Medicines were booked into the service when people visited the service. We saw that each person had a medicine administration record (MAR) and each day medicines were counted. One staff member said they did not always have time to check the medicines at the start of the shift. We fed this back to the registered manager who confirmed they had not been aware of any problems in checking the medicines in a timely manner and would investigate this. We checked one person's medicines and the amount tallied with the MAR.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. At the time of the inspection we could not see proof of address for the two staff employment records we viewed. Shortly after the inspection, the registered manager confirmed they had located these on the provider's electronic systems.

Accidents and incidents were recorded and investigated to enable the staff team to learn from incidents and mistakes. These documents were sent internally to the provider's health and safety team and they would check the forms and had visited the service to ensure people used a safe service.

The provider had an infection control audit tool that was in line with best practice. This was due to be completed by the registered manager to ensure staff were following all the guidelines. One person described how the staff were often cleaning the bathrooms especially before the next person used it. They confirmed, "The service is clean." We saw there was equipment for staff to ensure the risk of cross contamination was minimised and staff received training on this subject.

Is the service effective?

Our findings

People were supported by staff who received various forms of support and training. Relatives feedback indicated that they felt happy with the staff working in the service and that they had the right skills to support the people using the service. Relatives told us, "I'm confident that staff have the required knowledge to care for [person using the service]" and "I think staff are well trained."

Whilst there were some inconsistencies in the provision of staff supervision and appraisal most staff confirmed with us that they felt well supported. Staff confirmed they had an induction to the service and spent time shadowing experienced staff members. However, one staff member said under the new provider they had been due to attend a corporate induction day but this had been cancelled. They also said they had to ask for an induction and that they had yet to receive a supervision meeting and thought this would have been offered to them. Although we received this feedback, the service was small and staff had regular contact with the registered manager. One staff member told us they were offered supervision and this was usually informal with discussions not always recorded. A second staff member said the, "I can go to her if there is a problem. The manager listens."

The new provider's supervision and appraisal policy and procedures stated that staff could expect to receive six to eight supervision meetings with every third supervision being an observation of the staff member's practice. Records showed that in 2018, which was mainly under the previous provider, one staff member had three supervision meetings in 2018, but another staff member had only one supervision meeting in their file from April 2018. There were some mitigating circumstances such as staff sickness, but there was no written evidence to demonstrate this had been offered throughout 2018. The registered manager confirmed they had not been able to offer staff an annual appraisal of their work in 2018 as this had been a busy year preparing for the change in the provider. The registered manager was aware that this needed to be improved to make sure staff knew they had an assigned time to talk through any problems and to look at their performance. The registered manager sent us confirmation after the inspection that supervision meetings would take place in January 2019 and staff appraisals in April 2019.

People stayed in a building that required some maintenance to ensure it was homely and attractive to stay in. The building was owned by a housing association and therefore they had certain legal obligations to carry out maintenance work and decorating the rooms. One staff member said they felt embarrassed showing people around the service as it was looking shabby. We saw there were some areas in need of attention, for example, there was paint and plaster coming off the walls in one room and a radiator cover in the main bathroom was very rusty. The registered manager informed us that they had expected rooms to be painted in 2018 but this had not happened. They confirmed they had chased the housing association to try to get a date for when these works would commence.

People were supported by staff that had the skills and knowledge to carry out their roles and responsibilities. For example, staff had training delivered by health personnel to ensure they understood techniques such as Percutaneous Endoscopic Gastrostomy (PEG) feeding. This is used when people are unable to eat orally and food is delivered via a tube into the stomach. Staff had the opportunity to complete

training on a range of subjects. This included, emergency life support, eating, drinking and swallowing training and equality and diversity.

Staff said they worked well together and that there was good communication with at least two staff having worked for over ten years in the service. We observed staff working well alongside each other sharing out the duties.

People received effective care and support as their needs were assessed by the local authority and the registered or deputy manager. The assessment process gathered information from the person themselves, where possible, and from those who knew the person well. These assessments were used to develop care plans to guide staff in how to support people to achieve effective outcomes for people.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We saw on one person's care file that the registered manager had started the process of applying to the local authority for an assessment on the type of support and care this person would need to receive. The registered manager confirmed they had been advised by the relevant professionals from the local authority that the person was not being unlawfully restricted and that the submission of an application was not required. The registered manager confirmed they would update this person's records to ensure it was clear that they offered support in the person's best interests with the relevant persons involved in agreeing to this.

Staff received MCA training and confirmed people had lots of choices when staying at the service. One person who used the service said they can choose how they spend their time and that staff gave them space to be alone when they needed it.

People were given choices on the meals they ate at the service and the registered manager confirmed meals were made from scratch to encourage healthy eating. One person confirmed, "Staff know what I like to eat, I can ask for anything I want and they will make it for me." On the day of the inspection we saw two slightly different meals being prepared as staff explained that the two people at the service liked different types of meals. If people required meals to be presented in a certain way, such as cut up small or soft food that would be easy to swallow, this was documented in their care records. A relative confirmed, "There are always staff there to make sure [person using the service] eats safely." Staff had received advice from professionals, such as the speech and language therapist to ensure they supported people safely.

People's health needs were recorded and staff worked with the advice of health care professionals to ensure people's needs were being met. People had their relatives or main carer take them to their routine health appointments. Relatives all confirmed that the staff team knew people's needs well. One relative gave an example when the person using the service had an injury whilst staying in the service and that staff had acted appropriately to ensure the person got the right assistance. A health care professional told us, "Staff have been able to respond well to [person using the service] physical health needs." They went on to say,

"They [staff] just seem to know and understand the people who use April Cottage so well."

Is the service caring?

Our findings

People were treated with care and kindness when they visited the service. A person using the service was very complimentary about the staff team. They were keen to tell us that staff were, "Kind, caring and supportive." When asked how staff help them they told us, "They [staff] help me when I feel low and they understand me."

People and their relatives spoke highly of the staff team. One person told us that staff respected their wishes and knew them well. One relative said the staff, "Have been very patient and understanding in [person who uses the service] anxiety about staying somewhere new and change in their routine." A second relative said, "In our opinion the staff really make the service. They are just wonderful."

Staff gave us various examples of how they respected people's privacy and dignity. One staff member said ways they promoted this was by supporting people to, "Rest in their room, give them quiet time and knocking before entering."

A health care professional gave us positive feedback about the support people received. They commented, "They [staff] have been able to provide a place of safety for a vulnerable person I support, that has been fun, caring and nurturing." They went on to say, "The staff are responsive, proactive and are very approachable. When people I support have been at April Cottage, whether it has been planned respite or as an emergency in a crisis situation, the staff have been respectful and kind."

We observed that staff spoke in a compassionate way and encouraged people to engage with them. The atmosphere was calm and relaxed with people being able to freely move around the building whilst settling into staying there. Relatives felt they could approach staff and comments included, "You can ask them [staff] anything and I feel comfortable with them" and "The staff are marvellous." One staff member told us, "I enjoy working at April Cottage, supporting different clients and making their stay enjoyable."

People, where possible, were supported to do things for themselves. One relative said, "My [relative] is encouraged to be independent but he can't talk and if he is unhappy, he grinds his teeth and staff can respond to that in a positive way." "Another relative told us, "[Person using the service] is reasonably independent and can do domestic things, but staff support her well when going out on excursions and always have a support worker right beside her."

All relatives commented on staff taking the time to get to know people's needs. One relative said, "Staff are very good at knowing what he likes and dislikes and what scares him." A second relative explained that their family member preferred the support of female staff and that this was in place at the service. We saw evidence this was also documented in people's support plans so staff adhered to people's wishes.

People benefited from a service that respected the importance of equality and diversity. We saw a new support plan that would be used in the service which specifically looked at relationships and sexuality. This would then help staff support the person in all important aspects of their lives.

Staff used accessible means of communication whenever needed. Support plans outlined how a person communicated. Some staff described observing people's behaviour and listening to certain sounds people make to communicate what they want. Other people responded to pictures to tell staff what they needed and support plans documented where staff might need to repeat the question to give time to the person to respond to staff. The registered manager confirmed that information could be translated into a different language if a person or their relatives required this or produced in an easy read format.

Is the service responsive?

Our findings

As April Cottage was a respite service the staff team needed to know people's needs well and be informed by people's relatives if there was a change in their needs. People had a range of needs and staff understood people's likes and dislikes. One relative confirmed, "I believe the staff are fully informed of [person using the service] needs. They are aware of his routines which are very important." Another relative said, "We are able to have honest conversations, regarding [person using the service] needs. This is so important, as I feel we are all working for the same thing, his well-being and happiness."

People were involved, where possible, with the development of their support plan. One person confirmed staff had talked with them about their support plan. They told us, "I agreed to my support plan and staff explained it to me." A relative confirmed, "My [relative] has got a choking plan and staff have all been training to deal with his conditions." A second relative told us, "Staff get to know [person using the service] history in order to provide the best support."

We saw people's support plans were person centred and had relevant details in them about how to support the person. Where we identified some information in two people's care records that needed to be updated, the registered manager confirmed this had been addressed shortly after the inspection.

People were offered the chance to take part in activities when staying in the service. The new provider had yet to arrange for transport for the service, which had previously been in place. A person using the service and relatives commented that this had been missing for a few months and meant some people could not easily go out into the community without this. The registered manager confirmed that this would be available soon after the inspection and were keeping relatives informed of when this would be in place.

One person talked about the various activities they took part in. They explained to us, "I go bowling, next month I am going into Oxford for a meal, we can go shopping and go to the local town." Staff knew people's interests and tried to arrange outings that would appeal to people. Comments on activities from relatives included, "[Person using the service] loves getting out and about and staff takes him out on a regular basis" and "Staff care for [person using the service] like no other and take him out to the Cinema and to Sainsbury's for shopping."

People and their relatives were encouraged to give feedback on the service. We saw the provider's easy read pictorial complaints policy and procedure for people to access in the entrance hall. One person said, "If I had a complaint I would talk with the manager or staff team." Relatives told us they knew how to make a complaint. One relative said, "I have never had reason to make any complaint but I am aware of how to do so." A second relative told us, "We have regular contact with the manager and the deputy and they have made it clear that we can contact them should we have anything we like to talk about."

The complaints record showed there had been two complaints dealt with when the service was under the previous provider. The registered manager confirmed there had been one complaint made directly to the provider and they were yet to record this new complaint, which they told us had been dealt with and was

now closed. The registered manager said they would ensure they had all copies of any complaints made along with how these were managed to show they listened and acted on them.

The service did not support anyone who had life limiting conditions. Due to the type of service the registered manager did not expect people to stay for respite if they required end of life care. However, staff did consider and record people's end of life wishes, where people and their relatives were happy to talk about this. This would be important if anything should occur when people were staying in the service as staff would need to know about people's preferences.

Is the service well-led?

Our findings

People were supported by a service that for the most part was well led. However, we identified that there were areas relating to records and the monitoring of the service that needed to be improved. The service was not following its own policies regarding certain processes and procedures. For example, we found staff had not received regular one to one supervision or an annual appraisal in 2018 under the previous provider. Plans were in place to provide this but we had concerns that the registered manager, the previous provider and new provider had not arranged for this as soon as this was identified as an issue. Health and safety checks were in place, however, the last fire drill with staff had been held in February 2018. The form stated this was to be held every quarter to ensure staff knew how to respond in the event of a fire. The registered manager confirmed via email that a fire practice had been held with the majority of staff the day after the inspection.

Records were not always accessible, up to date and available to view during the inspection. We did not see clear safeguarding records to view each concern and the action taken. There had been no recent audits on people's care files or staff files to ensure everything was in order and available to read. Staff training certificates were not all available to view until after the inspection. We saw evidence that staff were observed carrying out medicine tasks, but not all the assessment documentation was available at the time of the inspection.

The issues found at the inspection highlighted that monitoring systems needed to be more effective and completed more regularly to ensure people were being safely and appropriately supported.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager managed two locations in different parts of the county. Therefore, they were not based full-time at either service. The manager shared with us that it had been challenging to work across the two locations whilst managing the change between different providers. We were told that many of the records had been either archived or were not available to the registered manager via the previous provider. We recognised that some time was needed to start using the new provider's documents and systems to ensure the smooth running of the service. Following on from the inspection, the registered manager confirmed many of the missing documents had been found and some documents had been transferred to the online systems and so could be seen on the new provider's electronic systems.

The provider was introducing from January 2019 a system for another manager to visit the service and carry out an independent check on the service offered to people. This would cover different areas and would seek staff member's input in giving evidence and examples on how they supported people appropriately. This would enable the registered manager to have another person identify if there were areas needing to change and improve. This was seen as a positive step to help the service provide a quality service provision to people who relied on April Cottage to give them a change and break from where they usually lived.

People benefitted from the service being managed by a registered manager who knew the service well. The registered manager and service manager told us that they were aware of the concerns staff had raised about changes in staff working patterns and changes to the staff rota. They acknowledged staff morale had been low and that staff needed changes to be communicated in an effective way. Senior staff said they sometimes worked to cover any gaps on shift and that they, "Have a strong opinion that we will not let the service be unsafe." We saw no evidence that people were at risk of unsafe care but there was a consistent message from four staff members that the change in shift times could have an impact on the care people received. The registered manager confirmed they were in regular contact with staff, identifying where they needed support and guidance to ensure the service continued to offer a good service to people.

Feedback on the registered manager was positive. They were experienced with a management qualification and understood the service well. A relative told us, "The manager does the best she can do with the resources they have." Another relative said, "I think April Cottage, is very well led", when my husband and myself visit we have a great relationship with April Cottage, and the support workers." One staff member told us, "The manager is the best, she works with us and works with the clients. She manages the service well."

The registered manager worked in partnership with other professionals. The registered manager had attended meetings where some people using the service required support from different professionals. A health care professional told us the registered manager had, "Always been very helpful with any enquiries and willing to discuss relevant matters associated with my client." They also confirmed, "In a recent emergency unplanned respite situation [registered manager] reacted extremely quickly to put care in place for my client, showing real care and compassion." A second health care professional also commended the registered and deputy manager for responding well when a person was in crisis and needed a safe place to stay.

A social care professional commented that the registered manager, "Went over and above what we would expect a care provider to do, which was really helpful in the very difficult circumstances that we were working in. This was beneficial for the client and the family."

People and their relatives were encouraged to comment on the service. This was done in a variety of ways, both face to face, on the telephone and via satisfaction surveys. The registered manager confirmed the new provider would be arranging for surveys to be sent to people in March 2019. The results from this would then be analysed so that any improvements to the service could be made.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always establish and operate effective systems to assess, monitor and improve the quality and safety of the services provided.</p> <p>Regulation 17 (1) (2)(a)</p>