Methodist Homes

Assisi Place

Inspection report

Assisi Place
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Leeds
West Yorkshire
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Date of inspection visit:
19 January 2016

Date of publication:
23 February 2016

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

Summary of findings

Overall summary

The inspection took place on 19 January 2016 and was announced. We carried out an inspection in June 2013, where we found the provider was meeting all the regulations we inspected.

Assisi Place is purpose built housing made up of 45 apartments where people are supported with personal care. It is owned and managed by Methodist Homes Housing Association. The registered domiciliary care service is delivered by Methodist Homes.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). 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.

We saw arrangements for medication were not safe and there were not enough staff to keep people safe.

Systems were in place to monitor the quality and safety of service provision. However, we found there was no analysis of complaints, which looked for recurring themes or how lessons were learnt. Incidents had not been reviewed and there were no action plans noted or seen for the audits that had been completed.

We found there were systems in place to protect people from risk of harm, although risk assessments in people's care and support plans were generic. Appropriate recruitment procedures were in place. There were policies and procedures in place in relation to the Mental Capacity Act 2005.

People's care and support needs were assessed and care and support plans, in the main, identified how care and support should be delivered. People we spoke with told us they were very happy with the service they received and staff were kind and caring, treated them with dignity and respected their choices. However, people were not complimentary about the registered manager.

People who used the service told us they felt safe with the staff and the care and support they were provided with. We found people were cared for, or supported by, appropriately trained staff. Staff received support to help them understand how to deliver appropriate care. People told us they got the support they needed with meals and healthcare.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We found arrangements for the safe handling of medicines were not always in place.

There were not enough skilled and experienced staff to support people and meet their needs. We saw the recruitment process for staff was robust.

Staff knew how to recognise and respond to abuse correctly. Individual risks had been assessed, although risk assessments in people's care and support plans were generic.

Is the service effective?

Good

The service was effective in meeting people's needs.

Staff training, supervision and support equipped staff with the knowledge and skills to support people safely.

People consented to their care and support. The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

People's nutritional and healthcare needs were met.

Is the service caring?

Good

The service was caring.

People were very happy with the care and support provided to them. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff knew the people they were supporting well and were confident people received good care.

Is the service responsive?

Requires Improvement

The service was not always responsive to people's needs.

People's needs were assessed before they began to use the service. Care and support plans were developed from this information, which in the main, identified how care and support should be delivered.

A programme of community and service led activity was available to people.

People were given information on how to make a complaint but we found there was no analysis of complaints, which looked for recurring themes or how lessons were learnt.

Is the service well-led?

Inadequate

The service was not always well-led.

The assistant manager was familiar with people's individual care and support needs and knew people who used the service and staff very well. There were systems in place which allowed people who used the service to provide feedback on the service provision.

Staff and people who used the service were not complimentary about the registered manager.

There were not always effective systems in place to monitor and improve the quality of the service provided.

Assisi Place

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 19 January 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert-by-experience who had experience of people who used a domiciliary care service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of this inspection there were 35 people receiving personal care from Assisi Place. We spoke with nine people who used the service, five relatives, four staff, the assistant manager, the registered manager and the service manager. We visited the service and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at five people's care and support plans.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent out surveys to 18 people who used the service and 18 relatives and friends; seven from people who used the service and one from relatives and friends were returned. We have included their responses in the inspection report. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

We saw people's medication was stored in their own rooms in a locked cabinet. Staff used a medication administration record (MAR) to support the administration of medicines. The MAR's contained a photographic record for each person and there was detailed medicine and allergy information. One person we spoke with told us, "I get my tablets and take them without fail."

People who used the service told us they felt well supported with their medicines. The majority of people's medication was pre dispensed from the local pharmacist, which minimised the risk of errors being made. We looked at two people's MAR's and found these to have been partially hand written and had been transcribed incorrectly. For example, one person's MAR for codeine phosphate stated, 'one/two to be taken every four hours'. The box of codeine phosphate stated, 'one/two to be taken every four hours when necessary'.

Staff sometimes failed to follow the prescribers' direction fully and people were not given their medicines correctly. For example, one person's MAR for co-benelopda capsules stated, 'one to be taken at 9:00am and 2:00pm'. We noted this medication had been given at 8:00am and 12:00pm. However, every Monday and Thursday afternoon we noted this medicine had not been administered. One staff member told us, "[Name of person] goes to the day centre and the day centre will not administer the medicine. This has happened for a while now, at least three years." They were also unsure if the GP had been contacted in regards to this. We spoke with the assistant manager and registered manager about this who said they would contact the GP immediately.

We saw medication was given to one person but staff did not always check they took their medicine. For example, the MAR for a person prescribed Zomorph stated, 'take one capsule twice a day'. We saw the MAR had been signed by two staff members on a morning to say the medicine had been administered but there was a letter 'o' meaning 'other' recorded against the night time. A staff member told us this was because they put the capsule in a pot on a night and left it for them to take in their own time. We looked at the person's care plan but there were no instructions or guidance for staff regarding the administration of this medicine.

The provider's medication policy stated where a person had creams and lotions applied, a topical medication application record (TMAR) would be completed. We saw this did not always happen. One person was prescribed two types of lotion. One the day of our inspection a staff member told us they had applied one of the creams but had not recorded it.

Medication training provided included a competency check, which all staff had to achieve before they were allowed to prompt, assist with or give medication. We saw a medication audit had been carried out and 100% compliance was recorded. The assistant manager told us they were in the process of reviewing the audit as it did not reflect the service. However, this audit had been used by the service for some years.

We found that care and treatment was not provided in a safe way for people using the service because there

was no safe management of medicines. This is was a breach of Regulation 12(2)(g) (Safe care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us there were not enough staff. One person said, "There's not enough on, especially in the evening. They always come, though you sometimes have to wait about 20 minutes." Another person told us, "They're only allowed three minutes. It's better than it used to be, but I worry about the three minutes. It's a long day to lie here waiting for your three minutes. Sometimes I feel like I never get a drink, because they can't stay long enough." A third person said, "The staff are very good. I know them all well. There's not enough on in the evening." Other comments included: "I like it here, but they need more staff. There's not enough of them to do everything."

Staff we spoke with told us they had been allocated enough time to complete each call but there were not enough staff. Comments included; "There is not enough care staff to cover sick", "Enough staff, no" and "People that need hoisting end up waiting."

There were not sufficient numbers of staff available to keep people safe. The registered manager described the staffing arrangements as, 22 staff in total, 16 of which were care staff and three senior care staff. There were also catering, maintenance and chaplaincy staff, with one of the chaplaincy staff also acting as the activities co-ordinator.

We spoke with the assistant manager who told us staffing levels were determined by the number of people and their care and support needs. They showed us the staff duty rotas and explained how staff were allocated on each shift. We noted there were two care staff members and one senior member of staff on a morning, one care staff member and one senior member of staff from 3:00pm and during the night. There were four people who required two to one support. The registered manager told us they did not use a dependency tool as the number of hours were determined by Leeds City Council when the scheme was established and the registered manager sent monthly returns to the Council to advise them of the care hours used. On a daily basis the staff 'look at the care and support plans and devise work lists which then determines the staffing'.

People received support from a consistent team of staff who knew people's routines and preferences. The service had a 24 hour, seven days a week on call system, and staff were available if people needed support. In our survey, 100% of people who used the service felt they received care and support from familiar, consistent care workers. They said their care workers arrived on time but only 57% agreed their care workers stayed for the agreed length of time.

We concluded the provider had not taken appropriate steps to ensure sufficient numbers of staff were deployed in order to meet people's needs. This is a breach of Regulation 18(1) (Staffing); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service operated a robust recruitment and selection process. Candidates had to complete an application form and attend an interview. Appropriate checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The staff files we looked at included written references that had been obtained prior to staff commencing work.

Most people we spoke with told us they felt safe in the company of the staff employed by the service. One person said, "I feel safe. The staff are very good." Another person told us, "I feel very safe here. No problems at all."

Staff we spoke with had a good understanding of safeguarding and were able to confidently describe what they would do should they suspect abuse or if abuse had occurred. Staff said they were able to raise any concerns with the assistant and/or the registered manager knowing they would be taken seriously. These safety measures meant the likelihood of abuse going unnoticed were reduced. The safeguarding adult's policy was observed on noticeboards in both communal and staff areas. Staff had received training in safeguarding adults and the staff records we saw confirmed this.

Before our inspection we asked people and their relatives to complete a survey. Everyone told us they felt 'safe from abuse and/or harm from their care workers'. Every relative who completed a survey also told us their relative was safe from abuse and or harm from the staff of Assisi Place. In our survey we asked people if their care and support workers did all they could to prevent and control infection (for example, by using hand gels, gloves and aprons): 71% agreed; 14% didn't know and 14% disagreed: 50% of relatives agreed.

We looked at care and support plans and found risk assessments were generic and not person specific. There was guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of someone who used the service.

We saw people had personal emergency evacuation plans and staff had access to a quick reference sheet which identified individual moving and handling needs should the building need to be evacuated in an emergency. There were up-to-date records of fire safety which included weekly tests, monthly risk assessments, incidents and evacuation plans. We saw notices around the building advising people of a fire alarm test every Monday at 2pm.

Good

Is the service effective?

Our findings

We received surveys from people who used the service; 71% agreed the care workers had the skills and knowledge to provide the care they needed; 100% of relatives agreed. People we spoke with liked the staff and felt they were competent.

Staff we spoke with said they had regular supervision and appraisal which gave them an opportunity to discuss their roles and options for development and this was done with the assistant manager. We looked at staff records which confirmed staff had received supervision on a regular basis. The assistant manager told us staff received supervision and appraisal several times a year and this also included observational supervision.

Staff we spoke with told us they were well supported by other staff members and the assistant manager. They said they received training that equipped them to carry out their work effectively. Staff told us they had completed several training courses in 2015, which included mandatory training. We saw there were training records in place which showed several training course had been completed by staff. For example, safeguarding, medication, equality and diversity, hand washing, fire safety and moving and handling. We saw dates where future training had not yet been agreed.

Staff undertook an induction programme, shadowed senior staff and attended all mandatory training before commencing work. Staff could also ask for additional support, or extra time shadowing experienced care staff if they felt they needed it.

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.

We saw staff gave an explanation to people and waited for them to respond before they helped them to undertake care or support tasks. All the care and support plans we looked at contained a mental capacity assessment, which was contradictory to the Act in that 'capacity is assumed' unless evidenced otherwise. However, it did evidence that mental capacity was routinely considered. Where it was deemed a person lacked capacity the assessment document did explain in what areas they may need assistance. There was also evidence in all the care and support plans that either the person or the family had been informed of an advocacy service.

We also observed where a person was deemed to lack capacity by the mental capacity assessment the family had signed the care and support plan. We saw this was supported by documentation where the family had power of attorney for finance and care and welfare.

Staff we spoke with told us they had received MCA training. The training records we looked at showed staff had completed MCA training, however, for some staff this was in 2012. No refresher training dates had been identified.

People we spoke with told us they were happy with the levels of support given to them in regard to food and drink. People, where appropriate, were assisted to maintain their nutritional and fluid intake and support was provided if needed at mealtimes. We saw people had their own kitchens, where they either cooked for themselves or members of staff came in at allocated times and prepared a meal for them. There was also a café on site which they were able to use if they wished. On the day of our inspection several people were using the café over lunch time. The café area was light, airy with a modern layout. On the serving island there was a notice asking people to notify staff of any food allergies and tables had jugs of water on them. We saw the meal choices looked appetising, hot and portions were generous.

There was cheerful banter amongst people at tables. One person shouted over to the cook, "It's lovely, [name of cook]." People told us they liked the food and comments included: "The food is usually good. It can be lovely. I quite enjoy it" and "Some of the food is very good. Some not so good."

Sometimes people did their own shopping or would write a list of items they needed with staff and staff would do the shopping. Staff were aware of people's specific dietary requirements. This meant people's individual dietary needs and preferences were being planned for and met.

We found people who used the service or their relatives dealt with people's healthcare appointments, although staff told us they did sometimes arrange GP, dental or optician's appointments for people when needed. People told us they felt happy discussing their health needs with staff and had access to a range of health care professionals. On the day of our inspection we saw a GP had visited one person as they were feeling unwell.

Staff members told us if people became unwell at any time they would call either a GP or an ambulance and would stay with the person until help arrived. We saw evidence in all the care and support plans we looked at of professional involvement. For example, a district nurse was involved regarding one person's skin integrity. This ensured people who used the service received the health care support and checks they required.

Good

Is the service caring?

Our findings

In our survey 86% of people told us they were happy with the care and support they received, and felt care workers always treated them with respect and dignity; 100% of relatives agreed. Everyone told us care workers were caring and kind and the information they received from the service was clear and easy to understand. When we asked people if they were introduced to their care workers before they provided care or support, 71% agreed. 83% of people told us the staff completed all the tasks during each visit and all the of relatives agreed.

We saw there was evidence in people's care and support plans of adult social service referrals and assessments prior to commencement of tenancy. Assessments carried out by the provider on arrival gave a detailed picture of the individual's needs and how they hoped to be helped. The care and support plans all contained a photograph of the person. Caring and positive relationships were developed with people. People told us they had been asked what care and support they needed, how this should be provided and they felt that they had been listened to.

People told us they were happy with the service they received and they received care from the same team of staff. People said they were very happy with all of the staff and got on well with them, they were very complimentary about the staff. Some people said they really appreciated Chaplin's home visits. Comments included: "[Name of staff member] is a darling" and "[Name of assistant manager] couldn't be more helpful."

We observed staff greeted people, asked how they were and took time to listen to what people said. We saw people responded to this by talking with staff and having confidence to inform them of their needs. During the day we heard staff speaking with people in a respectful and polite way. We saw staff did not rush and always had time to get to know people well. Staff interaction with people was all friendly and relaxed. People and staff clearly knew each other quite well. This allowed them to focus on people's well-being and practical care needs.

Staff spoke enthusiastically and with warmth about wanting to provide good care and support for people and they enjoyed working for the service. They told us they looked at people's care and support plans and these contained detailed information about people's care and support needs. One staff member told us, "We give good care and we are passionate about that."

People could make decisions about their support and those decisions were respected. Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice by ensuring toilet and bathroom doors were closed, using a towel to cover people when providing personal care and knocking on people's front doors and waiting for a response before entering.

The complex and corridors were wide and communal areas were all clean and uncluttered. We noted some people had personalised outside their front door with plants, ornaments and other decorations.

Requires Improvement

Is the service responsive?

Our findings

We saw people were living independently in their own flat. People enjoyed a high level of choice and control over who came into their property and were also free to come and go from the building as they wished. We saw there were no visiting restrictions and families could visit when they wanted to. Comments included: "I love my flat. When you walk through the door there's a lovely atmosphere", "It's a lovely place" and "I don't think there's anything I would change. They're there when I want them."

Before people started using the service, discussions were held on how the service could meet their care needs, wishes and expectations. This information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care. We found care and support plans were developed with the person and/or their relative to agree how they would like their care and support to be provided. One staff member told us, "Care and support plans are created with the person or family and are reviewed every six months." We saw good examples of the assessments being person centred and involving the person. They identified cultural and religious needs and preferences as well as physical, health and support needs.

The care and support plans we looked at were individualised and person centred and showed the involvement of the people they were written for. However, we noted in one person's plan the assessment document on commencement of tenancy identified some of their day to day needs relating to activities of daily living would be met by a family member such as, checking food expiration dates, cleaning the flat and shopping. There was no evidence this had been revisited since the family member was no long able to carry out these tasks. One family said they were concerned about [name of person]'s wellbeing as they had been recently bereaved. They said the registered manager had told them everything would be put in place to support [name of person] but they had not seen anything positive yet.

Staff told us people's care and support plans were kept in the office, were up-to-date and gave them the information they needed. If there were any changes the assistant manager would inform them with any updates. We saw staff had a handover between staff shifts to ensure care staff remained up-to-date with people's care and support needs and of the care which had been provided. They told us this worked well and was informative.

We saw care and support plans were reviewed and were done in conjunction with the person or family member. These were signed to evidence involvement. They felt were listened to and their needs were a priority. In our survey people and their relatives told us they were involved in decision making about their care and support needs.

The management team and staff spoke about the importance of people maintaining links with their communities. We saw a range of activities displayed in the communal areas of the service. These included wake up and shake up, crosswords, arts and crafts, raffle draws, trips out, bingo and worship services. We were told some people attended day centres several times per week. People we spoke with told us they were generally happy with the level of activity and were content in their own surroundings. We saw people

were watching television, reading and socialising in the communal area. Comments included: "They take us out to the garden centre or fish and chips. I mean who wants to do that? I want to go to the theatre or something, but they haven't got enough people to do the wheelchairs", "I don't think much of the activities. There's nowt to do. I only like the bingo"; "Carers come in sometimes. One called [name of the activities co-ordinator]. She comes in and has a good chat. It's nice. They're nice ladies"; "I want to get back to doing the exercise sessions when I'm better. I really enjoy them. I'd like to do something, you know, learn something. Like a language. French or something. I'm not one for bingo. I know some are" and "I go to the church services. I like the services. It's what I'm used to."

We spoke with the activities co-ordinator who spoke enthusiastically about the activities programme and actively sought opportunities to connect with different community groups in the area. They said, "I have never regretted coming here. I have loved every moment. Lots of the residents get involved in organising and running the activities. They're great. So wise."

We saw there were regular religious services and visits to the local Sikh Gurdwara and other community groups.

People said they knew what to do if they were dissatisfied about anything and when asked who they would talk to if they had a complaint said the assistant manager.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the management team. Where people had concerns they were made aware of how to access the complaints procedure. The registered manager said people's complaints were fully investigated and resolved where possible to their satisfaction. One staff member said the complaints were looked at by head office and any learning points were fed back.

We looked at the complaint and compliments log book and then files which contained more detail. We noted the complaints policy was out of date. The registered manager stated all written complaints were sent to their manager for response. Complaints were recorded and had a response attached which also evidenced the complainant was consulted with the response as there was space for their signature. However, there was no evidence of analysis of complaints to look for recurring themes or how lessons were learnt.

An anonymous complaint was noted in the complaints file. The complaint was from residents. There was no written evidence as to how this complaint had been addressed. The registered manager described having discussed it in a residents meeting.

The majority of the compliments were verbal; however, some thank you cards were noted from both people who used the service and from family members.

Our survey responses from people who used the service told us 71% of people knew how to make a complaint about the care agency: 71% felt care workers responded well to any complaints or concerns they raised but only 57% felt the office staff responded well to any complaints or concerns they raised.

Inadequate

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who was supported in their role by an assistant manager. We were told the service manager also visited the service on a monthly basis. Observations and discussions confirmed the assistant manager had a good knowledge of people who used the service, their families and their individual needs. We also saw staff attending the office appeared to have a relaxed and friendly relationship with the assistant manager.

There was a clear ethos of enabling people to live as independently as possible and giving people choice. People who used the service were very positive about the assistant manager and staff and complimentary about the service they were getting. Comments included: "[Name of assistant manager] is very good and approachable", "[Name of assistant manager] is very good" and "The staff are fantastic, they're lovely. I have no complaints. If I did I'd talk to [name of assistant manager] or [name of registered manager]. I don't really know [name of registered manager]. I see her, but not a great deal, but [name of assistant manager] is great. It's well managed."

However, people were not as complimentary about the registered manager. Comments included "I feel safe here, that's one thing. It's a nice place. I wouldn't dream of leaving. The only thing I'd change is [name of registered manager], but mostly I love it", "The staff are great, absolutely great. I class them as friends, really. There isn't a bad one among them. The only thing I'd change is [name of registered manager]", "If I was worried about something; I think I'd talk to [name of registered manager]. She doesn't always listen, but I think she comes to understand" and "If I had a proper complaint I'd go to [name of assistant manager]. She's great. [Name of registered manager] doesn't listen. She's right, and that's that."

Our survey responses from people who used the service told us 86% would recommend the service to others and the response from relatives told us 100% would recommend the service to others. 86% told us they knew who to contact at the service; all the relatives agreed. Everyone said the information they received from the service was clear and easy to understand.

Staff said they felt well supported in their role and spoke positively about the assistant manager and said they were very approachable and supportive. However, staff were not as complimentary about the registered manager. Comment included: "I am supported by [name of assistant manager] and she is approachable. [Name of registered manager] is not approachable or supportive and speaks in a rude manner", "Staff morale is low", "We have a good staff team and get support from the assistant manager", "Manager is name only" and "[Name of assistant manager] does a good job."

We saw a programme of monthly audits were undertaken and signed by the assistant manager. The registered manager stated they were involved with the audits and they were not just undertaken by the assistant manager; however, no counter signatures were noted. There were no action plans noted or seen. The medication audits evidenced 100 % compliance and we saw staff were receiving medication competency checks; however, issues with medications were found at this inspection. The registered manager told us they met with the service manager quarterly to undertake an audit. These were seen and

had been completed by the registered manager and countersigned by the service manager.

We saw in the care and support plans we looked at incidents were recorded. However, the incidents had not been reviewed or if necessary, reflected in people's care and support plans. For example, we noted one person was reported not to be in the building. The Police were called and they were returned to the property; however, there was no consideration given to whether the current care package was sufficient to keep them safe.

The registered manager told us they held a residents meeting every two months and were introducing alternate coffee afternoons for people to express their views and contribute to the running of the service. Minutes of the residents meetings were seen, the registered manager reported the meetings were well attended and we found the minutes reflected this. The meetings were structured and had agendas. Topics included staffing and resident changes, discussions regarding change to amenities and forthcoming events. People we spoke with said they were able to speak out at the meetings, but their views were often disregarded. One person told us, "I go to the residents meetings. I sit and listen. It's usually a load of rubbish."

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the service and share good practice. However, staff told us they did not feel they could air their views openly. We looked at the minutes from the staff meetings; there was no evidence of a standard agenda. We noted the minutes reflected a process for the management team passing information on to staff with no discussion or contribution from the staff team.

The results from a recent staff survey were seen; they compared results from 2014 and 2015. The results evidenced a lack of confidence in the manager for example, 78% of staff in 2015 said they were encouraged to develop their role compared with 83% in 2014, 50% of staff in 2015 stated their performance had improved as a result of skill development compared with 82% in 2014, 70 % of staff in 2015 stated 'my manger recognises a job well done' compared with 78% in 2014. When asked about this, the registered manager stated the data was not correct as no figures had been submitted for last year. Although the registered manager was still analysing the data for 2015.

The registered person did not have effective systems in place to monitor the quality of service delivery. This was in breach of regulation 17 (Good Governance); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found that care and treatment was not provided in a safe way for people using the service because there was no safe management of medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have effective systems in place to monitor the quality of service delivery.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing We concluded the provider had not taken appropriate steps to ensure sufficient numbers of staff were deployed in order to meet people's needs.