

Six Acres Residential and Supported Accommodation Limited

Six Acres Residential and Supported Accommodation Limited

Inspection report

401 Bickershaw Lane
Bickershaw
Wigan
Tel: 01942 861113

Date of inspection visit: 07 September 2015
Date of publication: 29/10/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection took place on 07 September 2015.

This was the first inspection of Six Acres Residential and Supported Accommodation, although we had previously inspected the service on 25 September 2014 when it was registered as a different legal entity and known as 'Six Acres'.

Summary of findings

Six Acres is a small privately owned care home providing accommodation and support for up to six adults with learning disabilities. At the time of our visit there were three people living at the home. The home is a bungalow with shared bathroom and toilet facilities. It is located in the village of Bickershaw, near Wigan.

We found four breaches of the regulations, which were in relation to medicines, premises and equipment, consent and good governance. You can see what action we told the provider to take at the back of the full version of this report.

At the time of our visit 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.

We found medicines were not always managed safely. We found one person was prescribed a medicine that was not on the medicine administration records (MAR). We found stock of this medicine, which were out of date. Staff were unaware of when this medicine was required. Although we were told the medicine had never been required, this demonstrated poor management of medicines. We also observed poor practice in relation to the administration and safe storage of medicines. This was a breach of the regulations.

People we spoke with told us they felt safe. Staff had received training in safeguarding and were aware of procedures to follow should they have any concerns. We had previously raised concerns about the management of people's finances within the home. We found some actions had been taken, although we found the charging policy for a shared mini-bus lacked clarity or evidence that people had been offered any alternatives. The local authority were in the process of reviewing this aspect of support provision at the time of writing this report.

We had some concerns in relation to the prevention and control of infection. The laundry was located in a shed, which was also used as a workshop. We saw an item drying in this area, which was not clean. The service had a

dog and we observed this entering the kitchen, which posed a risk in relation to food hygiene. The home was also not following its policy in relation to the disposal of offensive waste. This was a breach of the regulations.

Staff had been recruited safely and the required checks carried out for all new staff. Not all information required was in place for family members of the registered manager who were working for the service however. We have made a recommendation in relation to having evidence to support all staff employed are of good character.

We saw that a lounge and two bedrooms were being used permanently as 'staff accommodation', and a further bedroom was being used as an office. Whilst there was adequate room for the three people living at Six Acres, if more people moved in the space would be limited. We saw a fire door was wedged open for part of the day and the closing mechanism had been disconnected from another door. This would increase risks in relation to fire safety.

Staff had a working knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards (MCA and DoLS). The service had made DoLS applications as required. The registered manager told us one person had a power of attorney for care and welfare, and finances in place. However we found this not to be the case. This meant the service was not fully aware of who had legal authority to provide consent to certain decisions on behalf of this person and meant they would not be able to act in line with the MCA. This was a breach of the regulations.

We saw a range of health professionals had been involved in people's care. One relative told us the service had been pro-active in arranging assessments for their family member. We saw advice from professionals was documented in the care plan and staff we spoke with were aware of the guidelines in place.

People told us they liked the food on offer and we found people were supported to choose their meals on a daily basis.

We spoke with staff who had been recently recruited. They told us they had undertaken a range of training and had been enrolled to undertake the care certificate. The care certificate provides learning outcomes against a set of identified standards that all health and social care

Summary of findings

workers should adhere to. Staff said they had shadowed other staff and had felt confident to undertake their role at the end of their induction. Staff were positive about the training and support they received.

We saw positive and friendly interaction between staff and people living at Six Acres. People and their relatives we spoke with told us they had developed good relationships with staff members and between the people living at the home. Family members we spoke with told us they were kept informed and involved in their family members' care. Two staff members we spoke with told us they found the home had a 'family atmosphere'.

We received positive feedback from an advocate who worked with a person living at the service. They told us they found the home recognised people as individuals and worked flexibly and creatively to meet their needs. We saw care plans contained limited details of preferences, although staff were aware of people's likes and dislikes.

There were no scheduled activities and there was a lack of clear recording of choice offered around activities. However, people and relatives said a range of activities were offered that met people's preferences. During our

inspection people were supported to go out to the shops and we heard staff and people discussing various options for activities that might interest them. We saw activities had been discussed at residents' meetings.

The service had recently introduced new systems to monitor the quality and safety of service provision. However, we found some issues in relation to this area. A gas safety check had been scheduled on the business development plan, however we found this was two weeks overdue and was only carried out on the day of our inspection. There were also no audits of care plans or medicines, which were areas where we found some short-falls. Checks were not carried out of all equipment used by the home, meaning the safety of this equipment could not be ensured. This was a breach of the regulations.

The staff, family and people living at Six Acres we spoke with were all positive about the leadership of the service. Everyone we spoke with told us they felt able to approach the registered manager with any concerns they might have and felt that they would be listened to. We saw evidence that families had been involved in care planning and one relative we spoke with told us the service had acted on their suggestions.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

Medicines were not managed safely. We found out of date stock of medicines that was prescribed, but not recorded on the administration records. We observed medicines being dispensed in a way that did not follow safe practice guidance.

We found measures to protect people from the risks of the spread of infection were not adequate. A pet dog was allowed to enter the kitchen and items were seen drying in the laundry, which was located in a shed also used as a workshop. The home was not following its policy in relation to the management of offensive waste.

Checks required to ensure staff were of suitable character to work with vulnerable adults had been carried out for newly recruited staff. All staff had Disclosure and Barring Service (DBS) checks in place. Some required information such as employment history was not available for family members who worked at the service.

Requires improvement



Is the service effective?

Not all aspects of the service were effective.

We saw the service kept a record of health professional visits. One relative told us the service had been pro-active in arranging assessments for their family member.

A large proportion of the home was being used as staff accommodation. There was adequate space for the three people living at the home, however space would be limited if more people were to move in.

The service had not sought evidence or clarification as to the legal authority of a family member to provide consent on a relative's behalf.

Requires improvement



Is the service caring?

The service was caring.

People and their families told us they had developed positive relationships with the staff. We observed staff and people living at the home laughing, joking and smiling with one another.

Staff demonstrated a good understanding of people's preferences and support needs.

People told us they felt their privacy was respected by staff. Staff members told us they would knock on people's doors and give people space when they wanted it.

Good



Summary of findings

Is the service responsive?

The service was responsive

Care plans lacked details in relation to preferences. However, staff did demonstrate a good understanding of people's preferences. Care plans had been regularly reviewed.

People and family members told us they took place in a range of activities including trips out and holidays. There was no schedule of activities and we were told people would be supported to make choices about what they did on a daily basis. During the inspection people were supported to access the community and ideas for activities were discussed.

We received feedback from an advocate who stated they found the service saw people as individuals and worked flexibly to ensure their needs were met.

Good



Is the service well-led?

Not all aspects of the service were well-led.

The service had introduced an annual development plan, which provided a schedule for when certain checks should be carried out. There was limited room to record any follow-up actions. Some identified tasks such as a gas safety check had not been carried out within the appropriate time scale.

Arrangements for leadership of the service in the registered manager's absence were not robust. During periods of absence a staff member working as a member of care staff was responsible for the running of the service. During a recent absence, documents such as staff rotas had not been consistently updated.

Staff told us the staff team got on and worked well as a team. Staff told us the registered manager was approachable and supportive.

Requires improvement



Six Acres Residential and Supported Accommodation Limited

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 07 September 2015 and was unannounced.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed information we held about the service. This included records of any concerns received about the service and notifications of any safeguarding issues, serious accidents and other important

events the service are required to tell us about. The service had completed a 'provider information return' (PIR). The PIR is a document we send to services to ask them for information about the service and any planned developments.

During the inspection we spoke with two people who were living at the service and three relatives of people living at the service. We spoke with five staff, which included the registered manager and four support workers. We looked at documents related to the care and support people were receiving including three care plans and three medication administration records (MARs). We reviewed other documentation related to the running of a care home such as risk assessments, audits and records of maintenance and servicing. Following the inspection we sought feedback from an advocate who had worked with people living at the home.

Is the service safe?

Our findings

The service had staff rotas in place that staff signed to indicate they had worked that shift. People living at the home as well as the relatives and staff we spoke with said they thought there were enough staff to meet people's needs. Staff and relatives told us there were always two staff on shift in the day and there was a waking night and sleep-in during the night. We looked at the rotas, which for most weeks showed these staffing levels had been met. However, there was a period when the registered manager had been on leave, where there were gaps in the rota. The registered manager said there had been sufficient cover, but that the rotas had not been updated by staff.

The service was a family run business, and it was noted that family members working as staff provided a large amount of the cover on the rota. This included a period, where the rota indicated one staff member was on the rota to work a continuous 60 hour period (including three sleep-in shifts). This staff member also told us they were also involved in the running of the supported accommodation service, which is not regulated by the Care Quality Commission. We discussed the feasibility and safety of working for such extended periods with the provider. They assured us that support was provided as detailed on the rota and discussed the benefits of consistent staff working with people living at the home.

Both people we spoke with about medicines told us they received the support they required. One person's care records contained a care plan in relation to a medical condition. This indicated that a 'when required' (PRN) medicine should be administered in certain situations. We found the service had a stock of this medicine but it had passed the expiry date by around nine months. This medicine was not on the medication administration record (MAR) for this person and two staff we spoke with were unaware of it. The registered manager told us they had never had to administer this medicine. Following our inspection they confirmed they had taken appropriate steps in consultation with health professionals to review the requirement for this medicine.

Medicines were not being kept safely. Medicines were kept in a filing cabinet that could be accessed from the outside due to a hole where a handle was missing. During our inspection we saw the room in which the medicines were kept was also left open at times. We observed a member of

staff carrying out the medicines administration and saw they did not follow safe procedures. The staff member had dispensed tablets for two people into two medicines pots and took these pots to each person in turn before returning to sign the MAR sheet. This would increase the risk that the medicines could have been given to the wrong person.

These issues were a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not being managed safely.

The people we spoke with told us they felt safe at the home. One person told us; "The staff make me feel safe." A relative we spoke with said; "Yes I feel [person] is safe. They are looked after well." Staff had received training in safeguarding and were able to tell us how they would respond to any concerns appropriately. Staff said they would report any concerns to the manager or directly to the local authority if required. Staff told us the contact numbers for the local authority were in the staff handbook they had received.

The service had recently started to provide receipts and invoices for payments made out of people's finances. We saw information was present in the service-user guide in relation to an amount payable out of people's personal finances in order to use a shared mini-bus the service had. The service had undertaken capacity assessments in relation to people's ability to manage their own finances and the registered manager told us people's families had been consulted in relation to payments made for the mini-bus. However, there was no clear documentation to demonstrate that people had been supported to make a decision about paying for the mini-bus or that alternatives had been considered as part of a best-interests decision. People were charged different amounts to use the mini-bus and there was no clear justification for this in relation to costs incurred. The local authority were involved in reviewing this aspect of service delivery at the time of writing this report. We will follow-up the outcome of this and re-visit this area should we have further concerns.

We looked at staff files and saw appropriate checks had been carried out for new staff prior to them commencing employment. Staff had DBS checks on file and we saw the service had received suitable references from former employers before staff had started work. DBS checks show whether the applicant has any convictions or is barred from working with vulnerable people, which helps employers make safer recruitment decisions. We saw staff had

Is the service safe?

completed application forms and had attended an interview. Family members of the registered manager working for the service had DBS checks and proof of identity on file, although other required information such as a full employment history was not in place.

We recommend the service reviews the information required in respect of persons employed or appointed for the purposes of a regulated activity and ensures this is in place for all staff.

We had concerns in relation to how the home managed the prevention and control of infection. The laundry was located in a shed type building outside the home. This building was also used as a workshop and was not clean for the purposes of use as a laundry. Staff told us laundry was taken immediately between the house and laundry area. However, we observed a hoist sling that had been left to dry in this area.

At the time of our visit, the main office was only accessible by walking through the kitchen. This meant staff had to pass through this area frequently. The home had a dog and we observed it entering the kitchen. This was not hygienic for an area where food preparation was carried out. The registered manager told us the office was being moved to another area in the home and that they would try to prevent the dog entering the kitchen.

We looked at the home's infection control policy, which stated any offensive clinical wastes and personal protective equipment (PPE) should be disposed of in yellow clinical waste bags. The home did not have any yellow bags for such waste.

These issues in relation to infection control and cleanliness were contrary to criterion 2 of the associated code of practice on the prevention and control of infections and were a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulations) 2014.

We saw the service had carried out risk assessments in relation to the environment and individuals living at the home. Personal risk assessments were carried out in relation to risks such as falls, pressure sores and moving and handling. Where risks had been identified we saw control measures had been identified to reduce potential risks. Whilst staff demonstrated a good awareness of how to control risks associated with people's care, the documented guidance relating to behavioural support, moving and handling and pressure care lacked detail in some cases.

During the inspection we noted a fire door had been wedged open for part of the day, although it was later closed. The door closing mechanism on one door had also been disconnected, which could increase the risk of fire spreading. The registered manager said they would rectify these issues. We observed that cleaning chemicals were kept outside the home in an unsecured cupboard that was in an area accessible to people using the service. During our inspection these products were moved to secure storage.

Is the service effective?

Our findings

Six Acres care home was located in a small bungalow. There was access to gardens and there was a small-holding containing farm animals located next to the home. The accommodation for people supported by the service consisted of single rooms, a communal shower/wet-room and a lounge-dining room. At the time of our visit a large proportion of the accommodation was described by the registered manager as being used as 'staff accommodation' for two of the registered manager's family members. This included two bedrooms and a second lounge. A further bedroom was being used as an office. This arrangement restricted the space freely available to people living at the home, although we were told this lounge could be used by people when they had visitors if they wished. This reduction in space would be an issue if more people were to move into the home.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The service had identified potentially restrictive practices and had made DoLS applications to the local authority as required. Staff, other than one staff member who had recently started employment at the home, had completed training in MCA and DoLS. Staff were aware who the people they supported were that had a DoLS in place, and also what the DoLS meant in relation to that person's support.

People had mental capacity assessments in their care plans that would help guide staff in relation to what decisions that person was able to take. The registered manager told us one person living at the home had a lasting power of attorney in place for finances and care and welfare. Lasting power of attorney provides another person with the legal authority to make certain decisions on behalf of a person who lacks capacity. The service had no evidence on file of a power of attorney and we later found that this person did not have a power of attorney. This meant the service was not properly informed about who was able to provide consent in relation to decisions about

this person's finances and care. They were therefore not able to act in accordance with the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulations) 2014.

We saw people were asked for consent before being provided with care or support and that staff respected people's wishes. Staff were able to explain to us how they could understand whether someone was happy to consent to support if they had limited verbal communication.

People told us they had enough to eat and drink and liked the food provided. One person said; "You couldn't grumble. It's nice food." Two of the people we spoke with told us they were able to choose their meals on a daily basis, and we saw that these people were eating different meals when the evening meal was served. We saw the service had made referrals to other health professionals such as a speech and language therapist (SALT) where a need had been identified.

One relative we spoke with was complimentary about the service and said they had been pro-active in seeking and acting on guidance from health professionals. We saw guidance was included in people's care plans in relation to the support they required to eat and drink and their dietary requirements. The staff we spoke with were aware of these guidelines and the support people required. One person told us they were supported to see the doctor when required and we saw the service kept records that indicated people had received visits from a range of health professionals.

The registered manager told us they were very focussed on staff training and were keen to support staff to attend any training need they identified. Staff confirmed that they felt they were well supported with the training provided. Training records showed that staff had attended training in areas including safeguarding, MCA/DoLS, health and safety, medicines, first aid and moving and handling. Staff showed a reasonable understanding of how to support people with a learning disability or specific care needs effectively, although there was no specific training provided in this area.

The registered manager told us any newly recruited staff would be enrolled on the care certificate training as part of their induction. We spoke with staff who told us they had followed an induction programme that included an introduction to people living at the home, a review of

Is the service effective?

policies and procedures and a period of shadowing other staff. We saw induction checklists had been completed in staff member's files. The staff we spoke with told us they felt they had received the support they required to carry out their role effectively by the end of the induction period.

Staff told us they received regular supervision from the registered manager and records confirmed this. Supervisions covered topics such as training, the running of the home and rotas. The registered manager told us there was regular contact with all staff due to the home being a small service.

Is the service caring?

Our findings

People we spoke with living at Six Acres told us they got on well with staff and other people living at the home. A relative we spoke with told us they felt their family member had developed good relationships with the staff, others living in the home, and people who visited the home who were living in nearby supported accommodation. Another relative spoke positively about how the support the service had provided support to their family member during a difficult period. They said; “They treat [Person] brilliantly. They have been very good with them.”

We saw people living at Six Acres chatting and laughing with one another. Staff told us they thought the home had a family atmosphere. One member of staff said; “It’s like a little family home; everyone gets on.” During our visit we saw care staff acting in a friendly and supportive manner towards people living at the service. Staff were observed laughing and joking with people and the people they were supporting appeared to respond positively to such interaction. We asked one member of staff what the best thing about their job was, to which they replied; “The service users having a laugh and everyone getting on. Seeing [person] smiling.”

We sought feedback from an advocate who was working with a person supported by the service. They told us they were always made to feel welcome and said they found the provider went out of their way to communicate with people’s families when possible. A family member we spoke with confirmed they received regular contact from the service. They also told us they were involved in the planning and review of their family member’s care. They said any suggestions they had made had been listened to and acted upon.

Staff demonstrated a good understanding of people’s preferences and support needs. There were a number of staff who had worked at the home for many years and therefore knew the people they supported very well. Staff were able to tell us how they would communicate

effectively with everyone living at the home. We were shown a visual communication aid that staff said they would use to help support people with limited verbal comprehension or communication to make choices. Some information such as the service user guide was produced in a pictorial format, which would help people who were not able to read it to understand its content.

We asked staff how they would ensure people’s privacy and dignity was respected. They told us they would knock on people’s doors and wait for a response before entering, would allow people space and to go to their rooms, and would ensure people were covered as far as was possible when providing personal care. One person we spoke with confirmed that staff would ask before entering their room. During the inspection we saw people were provided with support when they required it, and staff were polite and respectful whilst providing support.

The registered manager told us they tried not to use agency staff whenever it was avoidable. They told us when they had been required to use agency staff they had requested the same member of staff to be provided in order to provide consistency for people living at the home. They told us the agency had been able to accommodate this request. The registered manager said people living at the service were involved with the interviewing of potential new staff. We spoke with one person who confirmed they did this. One staff member told us they felt the nature of the service as a family run business helped offer stability to people using the service.

We talked with staff about how they supported people to be as independent as possible. One member of staff said opportunities for people to learn skills and increase or retain independence were discussed with people during reviews of their care. We asked if people were supported to retain daily living skills such as making hot drinks or cooking. One staff member said people had not expressed an interest in such tasks, but if they did they would look for opportunities for people to attend a course at college.

Is the service responsive?

Our findings

We looked at people's care plans and saw there was some information recorded about preferences in relation to daily routines, likes and dislikes. This information was limited; however the staff we spoke with did show an awareness of people's individual preferences.

There were no scheduled activities in place. Staff told us activities were arranged on a daily basis in accordance with people's individual choices, although this was not clearly documented. Staff, people and relatives told us a range of activities were undertaken. This included trips out to the shops, holidays, manicures, jigsaws and helping out with tasks on the neighbouring small-holding.

During our visit we saw activities and options to undertake new activities of potential interest were discussed with people. At one point people were asked if they wanted to go out to feed the animals and visit the shops during our visit, which people responded positively to. We spoke with a relative about the activities on offer. They told us they felt the home offered their relative plenty of opportunities to undertake activities their family member would enjoy.

Staff told us the service promoted community presence and living a normal life. We asked how this was achieved and were told this was through using local facilities such as nearby pubs for meals and visiting the local market and shops. We saw people had personal goals set in their care plans, which included aims related to accessing health and leisure opportunities. Whilst there were no clear steps recorded in relation to how individuals should be supported to achieve their goals, we saw progress had been reviewed on a regular basis. We received feedback from an advocate who worked with people at the service. They told us they found the service recognised people as individuals and worked flexibly and creatively to meet their needs.

The people we spoke with told us they were able to make choices about their daily routine such as when they went out, when they bathed and what time they went to bed or got up. Staff told us that where people required additional support to make decisions, they would offer choices visually; for example, by showing people different clothes and asking them to choose.

We saw care plans had been regularly reviewed. Staff told us that reviews were carried out involving the person whenever possible, and family members if appropriate. One person told us they had seen their care plan and that it was discussed with them. Another person's family member told us they had been involved in developing and reviewing their relative's care plan. We saw feedback from relatives was documented in the care plan.

Two people told us they had attended meetings with staff and other people living at the home. We looked at minutes from residents' meetings and saw topics such as how to raise a complaint, activities and food preferences had been discussed. The service had a template for surveys, which staff told us were sent to people using the service, professionals and family members. We saw there were a number of completed surveys that provided positive feedback on the service, although surveys of professionals had not yet been sent out. The service told us they were planning to make use of pictorial communication aids to help ensure people living at the home who might find it hard to understand or respond to the questions to provide feedback.

The people and relatives we spoke with told us they would feel confident in approaching staff or the manager to raise a complaint should they feel this was necessary. Staff told us they would record any complaints and raise them with the registered manager, or if required an external agency such as the local authority. The registered manager told us there were not any live complaints at the time of our visit.

Is the service well-led?

Our findings

The service had recently introduced rotas and had put in place an annual development plan. The annual development plan was a calendar of tasks relating to reviews of quality and safety within the service. Tasks had been signed off when completed, however there was very limited space to record any follow-up actions that were required. The development plan had also not been effective in some cases. For example, the requirement for a gas safety check was recorded on the plan; however this was two weeks overdue and was not completed until the day of our inspection.

We asked to see checks carried out in order to demonstrate that the safe working condition of a piece of equipment used at the home was assessed. The provider had not carried out any routine checks on this equipment. The service provided evidence following the inspection to demonstrate they had taken action to rectify this issue. We found there were no audits of specific areas of care provision such as of medicines or care plans, which are areas where we found some issues. This was a breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

There was a registered manager in place. 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. The registered manager told us they saw their main responsibility as being to ensure people were well looked after, safe and secure and that staff were trained. The registered manager was aware of the notifications they were required to submit to the Care Quality Commission (CQC) about certain events occurring within the service, and we saw they had kept a record of notifications submitted to us.

Arrangements in relation to leadership of the home when the registered manager was absent were not robust. The registered manager had recently returned from annual leave and we found an accurate record of staff working hours had not been maintained during this period. Staff and the registered manager told us one of the family members, who worked as a member of care staff was responsible for the running of the home when the registered manager was absent. However, this staff member had also told us they had little involvement in the running of the care home and that they were mainly responsible for the running of the supported accommodation.

Recently recruited staff we spoke with told us they were clear about their job roles and had received a staff handbook. Staff told us they felt the home was well-led and said that they felt listened to and able to approach the registered manager to discuss any concerns they might have. Staff told us they were happy in their roles and said the staff team worked well together and helped each other out. One staff member said; "I'm very happy as a worker here as I know I have the support." We looked at minutes from staff meetings and staff told us they were a useful way of getting everyone 'up to speed'.

The registered manager told us they had been working with the local authority quality monitoring team to put in place a number of improvements. They told us for example that they had been advised to put in place surveys as part of the quality assurance process, and that they had acted on advice to recruit staff to support the waking night shift. This showed the registered manager had acted on advice from other professionals in order to improve the quality of the service. The registered manager also told us they subscribed to an 'update service' that helped ensure they were kept informed of any changes to guidance or legislation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Medicines were not being managed safely. Regulation 12 (1) (2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Appropriate standards of hygiene were not maintained and waste materials were not handled in-line with current guidance. Regulation 15 (1) (2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The service did not have the information required to enable it to act in accordance with the Mental Capacity Act (2005). Regulation 11 (3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service. Regulation 17 (1) (2)