Prospects for People with Learning Disabilities

Lynton House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on the 27 June 2016 and was unannounced.

Lynton House is registered to provide accommodation and personal care for up to eight people. People living at the service had a range of learning disabilities. Some people had physical disabilities and occasionally required support with behaviours which challenged.

Downstairs there was a kitchen, dining room and lounge. The eight bedrooms were split over three floors and there were several bathrooms. At the time of the inspection there were eight people living at the service.

Historically there had been a long standing, established registered manager at the service. They no longer worked at the service and this had been a big change for both staff and people. The practice team leader was currently acting as manager and there was not currently 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 practice team leader said that the lack of the registered manager had been difficult for people to come to terms with. They were focussed on providing high quality care but did not have the time to work with staff directly or carry out formal audits on the quality of care or documentation. A best interest meeting had taken place and staff had not recorded this so there was no record of the process or decision made. People, their relatives and people involved in the service had been surveyed in 2014 to ask their opinions on the service. Feedback had been positive, but no further feedback had been sought.

The Care Quality Commission (CQC) was informed of important events within the service, in line with current legislation.

Staff were supported to carry out their roles. There was a plan in place to ensure all staff had a one to one meeting with the practice team leader by the end of June 2016. Staff had received the training they needed to carry out their roles.

The provider was a Christian charity and people's faith was important to them. They regularly attended Church and people told us they liked to read their bibles and attend Communion. People were fully involved, in a meaningful way, in developing and shaping the service. There was a culture of openness and inclusion with everyone taking a role in the running of the service. Everyone took part in some way in the cooking, cleaning and in regular resident's meetings.

Staff knew how to recognise and respond to abuse. The practice team leader told us there had been no safeguarding issues and the local authority safeguarding team confirmed this was the case. They

understood their responsibilities and who to report concerns to.

Risks relating to people's health and well being had been assessed and action was taken to minimise them. Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills were undertaken and people and staff knew what to do in the event of an emergency.

There was enough staff to meet people's needs. People were able to do the activities they wanted and attend all of their appointments. Before staff started working at the service all the necessary checks were carried out to ensure staff were suitable to work with people.

Medicines were stored appropriately. People received their medicines when they needed it and were encouraged to be as independent as possible when taking their medicines.

All staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). One DoLS application had been made as the person was unable to leave the service without assistance. People were able to live their lives the way they chose.

People were supported to prepare and eat healthy and nutritious food. People were seen and assessed by a speech and language therapist (SALT) when they needed support to eat and drink safely. People attended a variety of healthcare appointments and staff supported people to be as independent as possible. People had seen improvements in their health. One person had lost weight and another person was able to mobilise more.

People and their relatives spoke positively about the support they received. They said staff were kind and caring. Staff treated people with respect and dignity. People decorated their rooms in the way they wanted and their loved ones could visit whenever they wanted.

People were involved in writing their care plans and risk assessments. They received the care they needed, in line with their wishes. People were actively involved in the local community and regularly attended Church and various local clubs. They enjoyed the company of staff and each other and were happy and relaxed in their home.

There had been no recent complaints. People and their relatives told us they were in regular contact with staff and felt they could raise any issues if they arose.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full 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?

Good

The service was safe.

Staff had received training and knew how to recognise and respond to different types of abuse.

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage the risks. Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use.

There was a small, stable staff team and people received the support they needed. Staff were checked before they worked at the service.

Medicines were managed safely. People were encouraged to be as independent as possible with their medicines.

Is the service effective?

Good

The service was effective.

There was a plan in place to ensure all staff had a formal one to one meeting with the practice team leader by the end of June 2016. Staff received the induction and training necessary to support people effectively.

Staff had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to make important decisions about their lives.

People were supported to prepare and eat wholesome and nutritious food. Staff followed guidance from a speech and language therapist (SALT) to ensure people were able to eat and drink safely.

People regularly saw healthcare professionals. There was guidance in place to ensure people were supported with their health needs.

Is the service caring?

Good

The service was caring.

People and their relatives said staff were kind and caring.

People were treated with dignity and respect and were encouraged to be as independent as possible.

People decorated their rooms to their personal preferences and staff helped people to keep their home clean and tidy.

Is the service responsive?

Good

The service was responsive.

People helped to write their care plans and risk assessments. They received the care they needed in line with their preferences.

People were actively involved in the local community. They regularly attended church, took part in local clubs and had volunteer jobs.

There had been no recent complaints about the service. People and their relatives said they would speak to staff if they had any concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The long standing registered manager was no longer at the service and this had been a big adjustment for staff and people.

The practice team leader had not completed audits relating to the quality of care or paperwork.

The provider was a Christian charity and people's faith was important to them. The service was inclusive and people were involved in cooking, cleaning and attended regular resident's meetings.

The provider's values included 'we recognise and value each other's contributions' and 'we aspire to build relationships on openness and truthfulness.' Staff engaged with the culture of the service and were committed to it.

Lynton House

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 27 June 2016 and was unannounced. It was carried out by one inspector.

The provider had not had the opportunity to complete a Provider Information Return (PIR) as they had not received this document prior to the inspection. 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 looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the practice team leader and the senior support worker. We spoke with two additional members of staff. We looked at five people's care plans and the associated risk assessments and guidance. We spoke with six people who lived at the service. We observed how people were supported and the activities they were engaged in.

After the inspection we spoke with two relatives and a healthcare professional about the service.

We last inspected Lynton House on 26 February 2014 when no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at Lynton House. One person said, "I feel safe. I don't go out on my own without staff in case I fall over." Another person said, "I'm safe because I'm with my friends and I know the staff will help. [Person] and [staff member] both make me feel really safe."

The provider had a policy in place regarding safeguarding adults and how to recognise and respond to different types of abuse. There was an easy read safeguarding policy which was meaningful to people. People said they were aware of what abuse meant and how staff should protect them. One person said, "I'd shout if someone hurt me and I know [the practice team leader] would sort it. No one should hurt me."

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and had information about abuse. Information about how to report any concerns and whistleblowing was available at the service for all staff to refer to. Staff told us they would report any concerns to the practice team leader. The practice team leader said there had not been any safeguarding issues whilst they had been acting as manager, but said they would contact people's care managers and the local authority if they had any concerns.

Staff had identified the risks associated with people's care, such as mobility, eating and drinking and travelling independently. Each care plan explained how to manage these risks and ensure people received the care they needed to minimise the risks from occurring. There were detailed risk assessments in place assessing the support people needed to access the kitchen safely. People were supported to use sharp knives and boil a kettle and the risks around them cutting or scalding themselves were minimised.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

There had been one incident or accident in the last 12 months and this had been accurately recorded. The practice team leader told us people were settled and staff knew them well, so it was rare for anything to happen. Staff told us they would complete an incident form if anything happened and the practice team leader said they would always review the incident forms to look for any trends.

People said that there enough staff and there was always someone when they needed them. One person told us ""They do the curtains for me and they help in the bathroom." Another person said, "If I need something staff will help me." The previous registered manager had assessed people's needs and ensured there was enough staff to meet them. The practice team leader said they looked at this regularly to make sure it was still accurate. Staff were available to support people to access the activities they wanted and

attend all their appointments.
The practice team leader and team leader shared an on call system so were available out of hours to give advice and support. The staff team was quite small and they had all been working at the service for some time so they knew people well. Sickness levels and staff turnover was low. If staff were unavailable the rest of the team covered the shortfall. In rare circumstances agency staff were used and they received an induction to the service and were introduced to people.
People were involved in recruiting new staff so they could have a say about who might support them. One person told us they had asked new staff questions in the past when they came to look round. The practice team leader confirmed that people were involved in the interview panel for new staff and people asked them questions about what they liked to do. They said this was important as staff needed to fit with the people, as it was their home.
Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
Medicines were stored securely and at the correct temperature. There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. One medicine had specific storage and disposal requirements. Staff were aware of these and two people signed to say it had been administered.

The practice team leader said that staff were only signed off as competent to administer medicines when they had completed the training and felt confident doing so. They said that they would rather watch someone and help, until the staff member was ready, than for someone to get it wrong. Medicine Administration Records (MARs) were fully completed, showing people received their medicine as and when they needed it. Some people had medicines on an as and when basis (PRN) for pain relief. There was guidance in the medicine file about when this should be administered.

People were supported to be as independent as possible when taking their medicines. One person said, "Staff help me to put my creams on my back. My skin is much better now." Staff stored medicines for one person but they were responsible for administering and taking their medicines. The person signed their Medicines Administration Record (MAR) to confirm they had taken them.

Good

Is the service effective?

Our findings

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. People told us that they thought staff were well trained and knew them well. One person said, "The staff are alright. Sometimes I get in a bad mood or I get cross and they help me." Another person said, "They know what they are doing, they haven't lost the plot!" A relative told us, "The staff are brilliant, they're really nice to us. They keep us informed if [my relative] is unwell or been to the dentist."

The practice team leader had a plan in place to ensure all staff had an up to date, formal one to one meeting by the end of June 2016. They told us, "Without the registered manager it has been hard, we meet all the time, but those formal supervisions weren't documented. I know that, so there's a plan in place to make sure that everyone has had one. I've made sure the practice leader is coming so I can have one too." Staff said they were well supported by the practice team leader and that these supervisions were booked in. Yearly appraisals had taken place.

There had not been any new staff at the service for several years. The last staff member to join had volunteered for two months before formally starting work, so they knew people well. They told us, "I went to the Reading office for an induction. They explained there what I had to do and about the organisation. I knew about the service because of all the time I'd spent here getting to know people."

The practice team leader arranged training for all staff. Training was organised by the provider and staff travelled to take part in training with staff from other services. The practice team leader tracked the training so they knew when refresher courses were due. Staff were booked onto refresher courses for topics such as mental capacity and safeguarding. Staff completed basic training and training in subjects related to people's needs. One person's needs had changed and they needed additional support with eating and drinking. The person had experienced several incidents of choking. Staff had received specific training to support them with this and there had been no further incidents of choking since the training had occured. Staff spoke about people's needs with knowledge and understanding.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff had received training on MCA and spoke confidently about people's capacity to make decisions. One staff member said, "Just because people have a learning disability they're not children. We encourage

people to make their own decisions and give them choices. People should live their lives the way they want to." The practice team leader had made one application for a DoLS for someone who had recently moved to the service. They said due to this person's mobility they were unable to leave the service without assistance, so it was necessary to apply for a DoLS authorisation.

People said they liked the food and were supported to be as involved as possible when making food and drinks. People regularly went into the kitchen to make themselves hot drinks. Cereals and bread were out on the counter and people were able to help themselves to whatever they wanted for breakfast. One person said, "I had yoghurt for breakfast, I got that." People were supported to help prepare meals for everyone. One person said, "I really like Chinese and I'm good at making desserts. Cheesecake is my favourite." People regularly discussed meal options at resident's meetings. Lemon chicken, toad in the hole, and curry had all been recently suggested. The monthly plan for meals was displayed in the kitchen and these were on the menu.

One person had eating and drinking guidelines in place from a Speech and Language Therapist (SALT). Before they had been introduced they had experienced several choking episodes. The person said, "Staff give me special food in my lunch for the day centre. They cut off the crusts for my sandwiches." This was in line with the guidance.

Three people were at the service for lunch. They had all been asked individually what they would like to eat. One person chose to sit at a smaller separate table as they preferred to eat on their own. The atmosphere was calm and relaxed and people visibly enjoyed their meal.

People were supported to live healthy and full lives. One person had a heart condition and regularly saw a consultant cardiologist. At their recent appointment they were told, '[The person] is walking more than ever, has lost weight and is able to mobilise more.' The person said, "Good news, when I went to the hospital my blood test was fine and my walking was all fine." Another person had recently moved into the service and their mobility had increased since they arrived. Staff had worked closely with an occupational therapist (OT) to ensure they had the necessary equipment to support the person's independence.

Staff assisted people to attend a variety of healthcare appointments and check-ups. People were supported to be as independent as possible when making their appointments. One person had a cough and staff explained to them that it was due to their hay fever. Later on the person told us, "My cough is a lot better now but if it's not then I will tell [the practice team leader] and then I can call a doctor." The outcome of all appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result.

There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed.

Good

Is the service caring?

Our findings

People spoke positively about the care they received and the kind and caring nature of staff. We saw numerous natural, humorous interactions between staff and people. One person said, "The staff are always cheeky. They tickle my cheesy feet." Another person said, "I like living here, everyone is nice to me." A relative told us, "[My relative] is very happy and I can't fault the staff in any way. They are just so caring."

Most people had been living at the service for many years and there was a stable staff team who had worked there for a long time. One person had moved in recently and they had been made to feel at home. Staff had built strong relationships with people and knew them well. There was a feeling of equality and people helped with the upkeep of the service by cooking and cleaning. Everyone had good things to say about the staff and everyone said they liked the staff.

Staff knew how to communicate with people effectively. One person was deaf and their care plan stated, 'Stand in front of me, with my hearing aid on, so I can lip read.' Throughout the day staff moved to stand in front of this person. They spoke slowly and clearly and the person was able to understand everything that was said to them. Another person required time to process what was said to them. This person was worried because they had a cough. Staff patiently explained to this person that they had a cough due to their hayfever. They repeated this several times so that the person understood and they were no longer concerned. Staff interacted with people in a positive and reassuring way.

People were encouraged to keep their home clean and tidy. There was a rota of jobs that people carried out, displayed in the kitchen, so people knew what they needed to do. One person helped to wipe down the tables after every meal. These jobs were discussed regularly at residents meetings to make sure people were happy with what they were doing. One person said, "I like to keep my home clean, I'm good at it."

Staff supported people to be as independent as possible. One person told us, "It's my job to the call the taxi. I say, can I book a taxi please?" Staff said they used the same taxi firm for this person so that the drivers knew them, and this meant the person was reassured by a familiar face and they felt confident to go out without staff support. Another person was going out that evening. They told staff they had chosen a dress they wanted to wear as they did not want to wear the clothes they had been wearing that day. Staff said that they would look really nice in their chosen dress. They offered to help the person with the zip on their dress if they needed it, and the person said that they would let staff know.

People's relatives and friends were able to visit whenever they liked. One relative lived very close by and often popped in to say 'hello'. Another relative told us their loved one liked living at the service so much that although they regularly took them out they remained close to the service so that they knew they could return when they liked.

One person did not want to talk to us. They had previously been in hospital and did not like doctors or nurses. They often thought unknown people were doctors and they might have to go back to hospital. Staff explained to the person clearly and simply who we were and why were at the service. The person visibly

relaxed and put their thumb up. They said, "It's alright here."

People were treated with respect and dignity. One person's support plan said that they needed to be prompted to go to the bathroom. A member of staff asked the person discretely in a quiet voice, "Do you need to go to the bathroom" The person smiled and said said yes and they left the room with the member of staff. They were given the assistance they needed in a discrete manner.

People personalised their rooms in line with their particular likes and preferences. One person offered to show us their bedroom. They said, "My favourite colour is red. Look at my bed, it's red, and my chair. I chose them and bought them." The person also had a red stereo in their bedroom and a red bed spread. They were proud of all of the red items in their room. Another person told us they had recently bought a stereo for their bedroom. They said, "My new stereo is pink, I went out with [staff member] and bought it."

People received the right care and support when their needs changed. There was a communication book which was used to update staff about any changes to people's health and care needs.

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. The practice team leader told us that no one currently used an advocate, but they had done so in the past. Information was displayed about advocacy and the support it offered to people.

People's care plans and associated risk assessments were stored securely and locked away. This made sure that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

Good

Is the service responsive?

Our findings

Staff were responsive to people's needs. People were supported to access the activities they wanted and were involved in planning their care. One relative said, "It's good. [My relative] is very happy. They've been there 14 years and we're very satisfied." Another relative said, "It's absolutely perfect, the best thing we've done. [My relative] has come on leaps and bounds."

One person had recently moved into the service. A senior manager from the organisation had visited the person before they moved in and completed an assessment. However, staff told us that this assessment had not been accurate and did not fully represent the needs of the person. The assessment had said that the person was fully mobile and they were not. Staff felt that if someone working at the service had completed the assessment they would have identified the needs of the person better. As soon as the person arrived the practice team leader recognised that the person required more assistance and their support was adjusted accordingly. We recomend that the provider review the assessment procedures to ensure they are satisfied the service can meet people's needs.

People were involved in writing their care plans and associated risk assessments. One person said, "I sit down and talk to staff and they check I'm happy with everything." People had signed their care plans to show they had helped to write them and agreed with the contents. One person offered to show us their care plan and they sat with us and talked through what it said. They explained the things they liked to do themselves and when staff offered them assistance. Their care plan reflected what they said.

People were actively involved in the local community. Most people chose to attend a local church with staff on a Sunday. One person chose to attend a different denominational church and they were encouraged to attend as and when they wanted to. People told us that taking Communion was important to them and they enjoyed seeing their friends at church. One person told us, "It's my birthday in August and I'm going to have a party at the Church." People were involved in a local swimming club, local drama groups and had a range of volunteer jobs.

People also took part in a range of activities based at the service. Some of these were formal, such as a regular music for health session. The person running music for health said, "I look forward to my sessions at Lynton. The staff always sit in and encourage people to participate, which you don't always get. It's just a really lovely place."

One person had a drum kit, and they told us they liked to play loud music. Their care plan said this was important to them. At several points throughout the day they went to their room and we could hear the drums and cymbals being played. Staff said, "Oh yes, that's [the person] they love their drums, and it's great that the others don't mind when they practice." Another person had a colouring book and they showed us the different pictures they had coloured in and the different colours they had used.

People visibly enjoyed the company of each other and staff. When people returned to the service mid afternoon, they all went into the front lounge. People were laughing and joking, talking about their days and

what was going to happen later on. There was a tennis tournament on the television. Some people said they wanted to watch that, and then a football match as England were playing and others said they wanted to go out to a BBQ. Staff sat with people and made sure that everyone was clear about what they were doing that evening.

Prompt referrals were made to health care professionals to maintain and encourage people's independence. One person had moved to the service after some time in hospital and their mobility had declined. Staff had ensured that they had a walking frame to help them to walk and they told us the person was now walking from the lounge to the kitchen, which they were unable to do before. Another person had daily exercises to do from a physiotherapist. These were displayed in their bedroom. They pointed at the exercises and said, "I can do these on my own, but it's nice to have someone with me. I asked, so staff help me."

The provider had recently merged with another organisation. Each person had been given an easy read leaflet telling them about the change, and reassuring them that there would not be any difference to the support they recieved. One person showed us their leaflet and said, "Staff talked to me about this and I'm not worried, as long as the people here are the same."

There was a written complaints procedure that was displayed at the service. This was also produced in a format that was more meaningful to people. The practice team leader said there had been no complaints for some time but they was aware that complaints had to be recorded, investigated and responded to.

People had opportunities to raise any concerns and ideas for improvement at regular residents meetings. One person told us, "If I wasn't happy I'd speak to staff, I know [the practice team leader] would help me." One relative we spoke to said, "I have no complaints and have never had to complain, but if I said anything I know they would sort it."

Requires Improvement

Is the service well-led?

Our findings

People and their relatives spoke positively about the service, and it's warm and friendly atmosphere. One relative said, "It's just a nice place to be." One healthcare professional said, "It's a really nice friendly place with a homely atmosphere. It's like visiting a family home. I can't think of anything bad to say about it."

There was no registered manager in place. This was a requirement of the provider's registration. Historically there had been a long standing, established registered manager at the service. They were no longer at the service and this had been a big change for both staff and people. People were still getting used to the fact that the registered manager was no longer there. The practice team leader had been acting as manager. They told us, "It's been hard, I've been acting up, but I want to be out on the floor. I don't want to be the manager." The provider was now advertising for a new registered manager. This was an area for improvement.

Staff said that they felt well supported by the practice team leader, but they were busy. Whilst acting as manager they were unable to work alongside staff and offer direct supervision. People asked the practice team leader when they 'would be back on the floor' and why they didn't go out with them any more. One person said, "I miss you." The practice team leader explained that this was because they had to work in the office.

Some records were not in place. Staff told us that a best interest meeting had been held for a person that had recently moved to the service. Their bed was not the right size and did not give them the necessary support. The best interests meeting had not been documented so there was no record of the decision and outcome of the meeting. Staff showed us the signing in book for the day of the meeting and an occupational therapist, physiotherapist and community nurse had all visited the service that day. The person now had an appropriate bed but there was no way of showing that the correct process had been followed to make that decision.

Some audits relating to health and safety and the environment were carried out regularly. However other audits focussing on people's care and any associated documentation had not recently happened. The practice team leader told us, "I'm just so busy, I want to make sure that people are ok, that's my priority and double checking the paperwork has had to take a back seat. I know if it's not written down I can't prove it, but I know in my heart that it's been done."

The area manager made regular visits to the service to support the practice team leader. On these visits they carried out a number of audits looking at topics such as the environment and records. There was an action plan following these audits with dates attached to the actions. The area manager had identified that staff had not had formal one to one meetings since the registered manager had left and helped the practice team leader draw up a timetable of meetings to ensure this was rectified.

The provider's compliance team had surveyed people, their relatives, staff and healthcare professionals involved in the service in 2014. This feedback had been positive and responses included "My relative is the

happiest that I have seen in many years" and "It is always clean and tidy and staff and relatives are polite and happy. A lovely feel to the house." The practice team leader confirmed that no further surveys had been completed so these were two years out of date. They said that the compliance team organised these surveys and they had not asked for any more to be sent out.

The provider had failed to assess the quality of the service, keep accurate and contemporaneous records in respect of each service user and seek and act on feedback from relevant persons. This was a breach of Regulation 17(1)(2)(a)(c)(e)

The provider was a Christian charity and staff and people had a Christian faith. The practice team leader said, "We go to Church on Sunday, and people can choose to attend or not, that is their choice." People's faith was important to them and they told us they liked to read their bibles and attend Communion. The provider's values included 'we recognise and value each other's contributions' and 'we aspire to build relationships on openness and truthfulness' Staff engaged with the culture of the service and were committed to it. One staff member said, "We are all like a family and that's what makes us unique."

People were fully involved, in a meaningful way, in developing and shaping the service. There was a culture of openness and inclusion with everyone taking a role in the running of the service. Everyone took part in some way in the cooking, cleaning and in regular resident's meetings.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. Notifications had been submitted to CQC in an appropriate and timely manner in line with CQC guidelines.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess the quality of the service, keep accurate and contemporaneous records in respect of each service user and seek and act on feedback from relevant persons.