Surrey Mental Health Limited

North Downs Villa

Inspection report

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

Summary of findings

Overall summary

About the service
North Downs Villa is a residential care home providing personal care to 7 people with mental health support needs at the time of the inspection. The service can accommodate up to 10 people with mental health needs and/or learning disabilities in one adapted building. This includes the provision of respite care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. There were no people with learning disabilities using this service at the time of the inspection, although people with learning disabilities have used the service in the past. Because of this, we have not reported on whether the service was providing care and support in line with current best practice guidance for learning disability services.

People's experience of using this service and what we found
People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. Although the policies and systems in the service supported this practice in terms of helping people to make decisions about their care, there were some restrictive practices around access to facilities at the home.

Medicines were not always managed safely so people had a risk of not receiving their medicines as prescribed. Medicines were not always stored safely and there was no system to ensure the correct amount of some tablets was in stock. Administration of topical medicines was not always recorded. However, other medicines were recorded appropriately.

The provider did not assess people's mental health needs, measure their mental health outcomes or plan their care in line with evidence-based guidance. Staff did not have all the information they required to make sure they met people's mental health needs. There was also a lack of personalised information about people that would help the provider plan person-centred care.

There were some inconsistencies in the quality of leadership, because the registered manager did not always receive the support they needed. There were no senior staff, which meant care staff lacked opportunities for promotion and development.

Governance systems were not always effective because the registered manager did not delegate many tasks to staff and had taken on too much work, meaning important tasks were sometimes missed. Because some care records were out of date or unclear, people may have been at risk of receiving care that was not appropriate to their needs. The provider did not always make improvements within an appropriate timescale when the need was identified.

Staff received training and sufficient support from the provider. However, they did not receive training in specific mental health conditions, which may have helped them understand people's mental health needs better.

There were systems to protect people from abuse and ill-treatment. Risks to people's safety were managed appropriately, including the risk of infection spreading. There were enough staff to care for people safely and the provider carried out checks to make sure staff were suitable to work with people. There were processes for the provider to learn from accidents and incidents.

People had enough to eat and drink, received support to eat when needed, and were able to choose from a variety of menu options. Staff gave people appropriate advice on staying healthy, including healthy eating, and provided support for people to access healthcare services. People were also able to access regular art therapy sessions, which was a useful tool for people to understand and manage difficult emotions.

People received care and support from caring, respectful and compassionate staff who took time to get to know them and help them feel comfortable. People had opportunities to express their views about their care. Staff made sure people understood what their care options were and supported them to be involved as partners in planning their care. Staff understood how to support people in ways that promoted their privacy, dignity and independence.

People knew how to complain and said they would be comfortable doing so, but the complaints policy needed more detail to give people the information they needed about the process. Staff supported people to set and work towards meaningful short and medium term goals. They provided people with support to access their local community, plan activities and maintain important relationships. People received the information they needed in an appropriate format. One person told us, "I'm happy here – I love it here."

The provider used meetings and surveys to gather the views of people and staff, who told us they were able to raise any issues they wanted to. Staff and the registered manager shared information effectively as a team and with other organisations when needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 4 February 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches of regulations in relation to safe care and treatment and dignity and respect. Please see the action we have told the provider to take at the end of this report.

We have also identified breaches of regulations in relation to good governance and person centred care. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-led findings below.

North Downs Villa

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector.

Service and service type
North Downs Villa is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We looked at the information we held about the service, including previous inspection reports and notifications the provider is required to send us about significant events that happen at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-
We spoke with two people who used the service and two members of staff. We also spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the

management of the service on behalf of the provider. We carried out observations of staff providing care to people. We looked at three people's care plans, two staff files and other records such as audits and minutes from meetings.

After the inspection
We looked at information we had requested from the provider, which included staff rotas.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last comprehensive inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always stored safely. This was because medicines were not marked with the date they were first opened, including those that had a limited shelf life after opening. This meant there was a risk that people's medicines could become less effective because they had been open for too long.
- Medicines were stored securely and at appropriate temperatures.
- There were systems for checking medicine stocks to help ensure staff were administering them as prescribed. However, these were not always in place for medicines prescribed to be taken only when required (known as PRN medicines). For one person's PRN medicine there was no stock check or opening date on the box, which meant there was no way to check if the number of tablets in the box was correct. The person also had no written protocol to tell staff when it was appropriate to offer the medicine and therefore ensure the person only took it according to the prescriber's advice. We could not be sure whether that person was receiving their PRN medicine as prescribed.
- Most medicines were recorded appropriately in medicines administration records, but one topical medicine did not have an administration record. This meant we could not check this person was receiving their medicine as prescribed. The registered manager explained they would normally do this and the omission was the result of an oversight.

Because medicines were not always managed in line with best practice, there was an increased risk to people's safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with the safeguarding procedure and how to report any suspected or alleged abuse. There had not been any allegations made against the service since our last inspection, but the registered manager described how they would deal with any that might arise in future.
- People told us they felt safe using the service.

Assessing risk, safety monitoring and management

- People had individual risk assessments, which they were involved in creating. The risk assessments were robust and covered risks relating to people's mental and physical health needs, including behaviour that challenged the service. They had risk management plans to help staff reduce risks to people's safety.
- The provider carried out safety checks on the premises and any equipment people needed, to help ensure the environment was safe. This included checks to make sure water was not too hot, a fire risk assessment and regular fire drills to check people were familiar with evacuation procedures. They arranged for

appropriate professionals to assess the safety of utilities such as gas and electricity.
● The registered manager regularly communicated with staff about risks to ensure they were aware of them and knew how to manage them safely.
● One person told us about a medical emergency they experienced. They said, "The way they dealt with it was fantastic. [The registered manager] knew exactly what he was doing."

Staffing and recruitment
● There were enough staff to care for people safely. Staffing requirements were calculated according to people's needs. The provider had an arrangement with an agency who provided extra staff to cover absence and vacancies. The registered manager told us the agency usually sent staff who worked at the home regularly enough to get to know the service and people well.
● The provider carried out checks to ensure staff they recruited were suitable to work with people. This included checking references and proof of identity. Staff were required to complete criminal record checks before they were allowed to work unsupervised.

Preventing and controlling infection
● Staff knew how to prevent the spread of infection. They demonstrated a good knowledge of how infection can be spread and how to control this, such as by wearing gloves when supporting people with personal care and preparing food hygienically.
● The premises were visibly clean and staff used cleaning checklists to help maintain good hygiene. They supported people to keep their bedrooms in a clean and hygienic condition.

Learning lessons when things go wrong
● There were examples of how the provider had learned from things going wrong. For example, the registered manager told us they would not accept admissions from hospital if people did not have clear discharge plans or the correct equipment to meet their needs, and they had become more diligent with documenting anything that went wrong to make sure it was clear what had happened.
● Staff were familiar with the reporting procedure for accidents and incidents. They knew it was important to discuss these as a team to make sure everyone was aware and agree how to prevent such things happening again.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider was not using any evidence based models for mental health assessment, care planning and delivery, or measuring outcomes. Using evidence based models helps to ensure providers are planning and delivering care that is effective and in line with best practice. Outcome measures can identify whether people need additional support for their mental health from qualified mental health practitioners and can help screen for the risk of suicide. Although the provider's survey did ask people some questions about their mental health outcomes, this was only carried out yearly so did not provide much data about people's ongoing progress.
- One person had a management plan for behaviour that challenged the service, but this had not been developed with input from behaviour experts to ensure the plan would be effective and in line with best practice. This also meant staff did not have access to expert advice and guidance to ensure they were responding appropriately to behaviour that challenged.
- There was a clear assessment process. This involved the provider visiting people in their previous treatment setting, gathering as much information as possible about their care needs and making a judgement about whether the service could meet those needs. People then had the opportunity to stay overnight at the home to see if the service suited them.
- However, the process did not involve the provider carrying out a mental health assessment in line with best practice guidance for mental health services. Because people's mental health was not formally assessed, their care could not be planned in line with evidence based guidance to meet their specific mental health needs.

The lack of evidence-based mental health assessment and care planning meant the provider was in breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs

- At the time of our inspection, the bathroom facilities were not adequate to meet people's needs because the bath had been out of order for five months. Although one person had en-suite facilities, this meant the remaining six people had to share one shower, which could only be accessed from the communal dining area. This compromised people's dignity and reduced their freedom to choose when and how to wash as they no longer had access to a bath.
- Some aspects of the environment were restrictive to people's freedom and did not promote their independence. The kitchen was kept locked unless staff were present, which meant people had to ask staff if

they wanted to make themselves snacks or drinks. The registered manager explained this was to reduce risks for some people who had a tendency to binge on unhealthy foods such as whole packets of biscuits, but they had not considered less restrictive methods of managing the risks.

The issues with the environment meant there was a risk of people's autonomy, independence and dignity being affected. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

● Because some staff did not have qualifications and experience directly relevant to mental health, there was a risk that staff may not have enough knowledge in certain areas to provide effective care and support. Although staff had a variety of training that helped give them the knowledge they needed about some people's care needs (such as dementia and diabetes training), they did not receive training in mental health support or around specific health conditions such as schizophrenia, which several people using the service were diagnosed with.

● The registered manager told us they planned to have all staff complete the Care Certificate, a nationally recognised qualification designed to ensure adult social care staff had the basic skills and knowledge they needed. They explained not all staff had this yet because they had needed to focus on making sure staff had completed their mandatory training.

● Staff received regular one-to-one meetings with their supervisor and had yearly appraisals to look at their performance and development.

Supporting people to eat and drink enough to maintain a balanced diet

● Staff supported people to weigh themselves monthly to monitor whether they were maintaining a healthy weight. When needed, staff supported people to supplement their diets to reduce the risk of malnutrition.

● The registered manager told us one person received support to prepare their meals in line with advice they received from a speech and language therapist to reduce their risk of choking. This was recorded in the person's risk assessment.

● Menus were varied and people were supported to choose from healthy options that suited their tastes and met cultural and religious needs. One person said, "I suggested [dish] and they added it to the menu. Now everyone loves it." Another person said, "It's very good that there are always choices. I get things I want." The registered manager told us it was difficult to meet some people's nutritional needs as they tended to reject healthier options, but staff provided ongoing advice to people about healthy eating and weight management, when appropriate. Care records showed in at least one case this was helping the person improve their eating habits.

Staff working with other agencies to provide consistent, effective, timely care

● The registered manager ensured referrals were made to other services when they identified a need for this. They told us they had experienced some difficulty with referrals taking too long when people needed to use other services, but had chased these up where necessary so people received the services they needed.

Supporting people to live healthier lives, access healthcare services and support

● The home used a telemedicine service. This is a service that provides qualified clinicians via a video link to carry out assessments and advise care staff about whether people require medical intervention.

● Staff supported people to access appropriate services if they became unwell or experienced concerning symptoms.

● Staff arranged for people to go for regular check-ups and medical advice if they were making unwise choices about their health, such as declining to eat healthily.

● An art therapist regularly visited the home and engaged people in therapy sessions. Art therapy is a form of mental health therapy that encourages people to understand and express their emotions in healthier ways.

Ensuring consent to care and treatment in line with law and guidance
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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People only received care they had consented to or that had been agreed to be in their best interests. Where people had capacity but did not consent to care and treatment, staff respected their choices even if they made unwise decisions. For example, one person had multiple physical health issues but declined to accept medical help. The provider had assessed the person and confirmed they had capacity, knew they were acting against medical advice and were aware of the possible consequences. Staff continued to encourage the person to engage with medical interventions and sought help from outside agencies but knew they could not force the person to engage with healthcare providers.
● The provider had arranged for people who needed to be deprived of their liberty to be appropriately assessed. Authorisations to deprive people of their liberty were up to date.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last comprehensive inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported by staff who treated them with dignity and respect; and were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and staff felt they knew one another well and had time to talk and listen to one another. This meant people felt comfortable with staff and were able to ask for the support they needed. One person told us, "[Staff] know me very well. They're very good."
- Staff were committed to treating people with respect. One person said, "[Staff] are all lovely. They're wonderful people" and another person said, "[Staff] make me feel welcome. They are always very helpful." A member of staff told us, "A bit of kindness and a joke goes a long way towards making people happy."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning their care. One person said, "I could bring up absolutely any issues or changes I wanted to my care and they would help." The registered manager went through people's care plans with them to ensure they understood them and agreed the plans reflected the decisions they had made.
- Staff encouraged people to express their views about their care in regular one-to-one sessions with an assigned member of staff. For example, one person told staff they found it frustrating having to learn how to do certain household tasks, but still wished to continue building their skills. Staff acknowledged people's feelings and gave them opportunities to discuss them. Staff told us they wished to support people to do whatever they wanted and encouraged them to talk about it as much as possible.

Respecting and promoting people's privacy, dignity and independence

- The provider promoted people's privacy, dignity and independence through policies and staff induction, which told staff how they should support people in order to maximise these things. One person told us, "They respect my privacy. They treat me as an adult."
- Staff encouraged people to go out by themselves if they were able to do so safely, and helped people set themselves targets about performing household and personal care tasks with less or no support. For example, one person liked staff to go shopping on their behalf but staff were encouraging the person to start doing their own shopping. This helped people build their skills and work towards living independently.
- Staff received 'Dignity Champion' training, which helped to improve their understanding of how to promote dignity in care. An example was staff explaining to a person with a cognitive impairment exactly what they were doing for each step of a care task such as changing incontinence pads, so the person felt involved in the process and understood what was happening.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last comprehensive inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans did not contain much detail about their personal life history, cultural backgrounds or in some cases their hobbies and interests. This made it more difficult for the provider to plan care that was truly personalised and took into account personal factors that could affect their needs and preferences.
- Care plans lacked information about people's mental health needs and how to meet them, meaning there was a risk that people may not receive the support they needed. There was little or no information about people's diagnoses, the treatment they had received or were receiving, the symptoms they experienced or how this affected their daily functioning. For example, one person's care documentation mentioned schizophrenia in one place and paranoia in another, but their care plan did not contain information about the person's needs in relation to their illness and how they should be met. For instance, there was no information about how staff should respond if the person expressed paranoid ideas.
- However, there was information about some other conditions people had, including neurological disorders and physical health conditions.
- There was no information in some people's care plans about signs of relapse. Although there was information about this in one person's care plan, there was no information about how staff should respond to these signs. People did not have crisis plans, which would instruct staff what to do and whom to contact if people experienced a deterioration in their mental health.

Care was not always planned in a way that met people's needs and reflected their preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans contained a significant amount of out-of-date information. One care plan we looked at was dated two years previously and there was no evidence of any updates. The registered manager explained this was because staff recorded updates in their keyworker session notes, which were kept in a different place. However, this meant there was a potential for confusion particularly if new staff were caring for people or if people moved between services, where staff would be likely to assume care plans contained up to date information.
- On several occasions when we queried information we found in care plans, the registered manager or staff told us this was not accurate or had been misinterpreted due to a lack of clarity.

Because accurate and up to date records were not maintained, there was a risk of people receiving inappropriate care based on out of date or misleading information. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff supported people to set goals and work towards them. These helped give people a sense of purpose and ensure their care was personalised as it was geared towards meeting the goals they had set, which included looking at how to improve their quality of life in general. People met regularly with their keyworker, a member of staff assigned to oversee their care, to review their progress and identify any action staff needed to take to help them achieve goals.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People's communication needs were recorded in their care plans so staff knew how best to communicate information to people and how to ensure people were understood.
● None of the people who were using the service at the time of our inspection had any specific accessibility requirements for written information. People told us they received the information they needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● Some people did not take part in planned activities at the home, other than art therapy sessions. The registered manager explained that they often organised activities people said they wanted to do, but people often changed their minds and declined to take part. Records confirmed this was the case and people had been offered a wide variety of different activities.
● Staff said they would like more time to spend with people doing spontaneous activities such as card games and dominoes. People who used the service also told us they would like this and one person said, "I would like to do more at home, but I'm not sure what."
● People had regular opportunities to access their local community. Some people were able to go out by themselves and spent time visiting local shops and amenities. One person regularly visited a gym.
● Staff supported people to keep in regular contact with their families and others who were important to them.

Improving care quality in response to complaints or concerns
● People were aware of the complaints procedure. Staff reminded them of how to complain during house meetings. People told us they were confident they would be treated fairly if they made a complaint. One person said when they had raised a concern, "things got sorted out quickly."
● The provider's complaints policy was not sufficiently detailed to give people the information they needed about what they should be able to expect from the complaints investigation process. For example, there was no information about timescales for response, or who was responsible. We fed this back to the registered manager, who told us they would review the policy.

End of life care and support
● Staff had opportunities to discuss this aspect of care as a team, which helped give staff the emotional and practical support they needed to deal with care related to death and dying.
● The registered manager told us they had recently attended an end of life care forum and were planning to work with a local hospice to develop end of life care plans in case any of the people who used the service should require them.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

● At our last comprehensive inspection we found the provider's governance and quality assurance systems were not effective. The provider was in breach of the regulation in relation to good governance, which was a continuing breach from our previous inspection. We carried out a focused inspection in December 2018 and found the provider had made improvements and was no longer in breach of this regulation. However, at this inspection we found the provider had not sustained the improvements they had previously made.

● There were systems for checking the quality of the service, but these were not always effective. Staff did not always report problems they found and records showed the provider did not always respond to concerns within an appropriate timescale. For instance, they had not repaired the bath that was reported as out of order five months before our inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The registered manager told us they did not always have sufficient input into management decisions that affected the service and they did not always feel their expertise was valued.

● The registered manager did not always receive the support they needed to be clear about their role and fulfil their regulatory requirements. There was no evidence that the registered manager received supervision or any formal support from the provider, and the registered manager confirmed they did not receive this.

● The service did not have a deputy manager or any senior positions for care staff, although one of the directors from the provider organisation was able to deputise for the registered manager when necessary. This meant staff did not have opportunities to take on additional responsibilities and develop in their roles.

● The registered manager told us they did not feel able to delegate some tasks to staff, because they did not have the resources to develop the competence of the staff and enable them to take on the extra responsibilities. This meant the registered manager was taking on too much work and sometimes this meant important tasks were missed or not properly completed. For example, the registered manager told us they would normally have added some of the information we found missing from medicines records, but they had not had time to do it.

● Additionally, the completion of tasks that could have been delegated to staff meant the registered manager was spending less time on managerial and governance related work. There was a risk of the standard of care deteriorating because this reduced the manager's level of oversight.

The lack of effective leadership and governance meant there was a risk that people's care would not meet

the required standards of quality and safety. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There were regular staff meetings and a communication book, which the registered manager used to address quality issues and risks with staff and ensure they were following policies and procedures. For example, they used the book to communicate with staff about some gaps they found in medicines records where staff should have signed.
● The provider carried out a weekly management check, looking at several aspects of service quality. There was a weekly cleanliness and infection control audit that was based on NHS infection control guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The registered manager continually monitored the culture of the service by observing staff interacting with people. They addressed any issues using supervision, team meetings and other communications to staff.
● People told us the registered manager was approachable. One person said, "He's lovely."
● Staff also told us they were able to raise any concerns they had with the registered manager and at staff meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others
● We saw examples of where the provider had shared information with people's families, social services and other agencies about things that had gone wrong and what the provider had done in response. This included working alongside commissioning bodies and healthcare providers to improve one person's quality of life after a hospital stay.
● Staff had opportunities to debrief about incidents at team meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider encouraged people to have a sense of ownership of their home and private space. For example, people were reminded at house meetings to maintain a tidy living environment.
● The provider carried out a yearly survey to ask people for their opinions about the service. Results from the most recent survey in November 2018 showed people were happy with the standards of care in general, the staff, activities, cleanliness and the safety of the service.
● Staff told us they had opportunities to share ideas and express their views.

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 10 HSCA RA Regulations 2014 Dignity and respect The provider did not ensure people were treated with dignity and respect by way of ensuring their privacy and supporting their autonomy. Regulation 10(1)(2)(a)(b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the proper and safe management of medicines. Regulation 12(1)(2)(g).