

Prince Bishop Support Services Limited

Prince Bishop Court

Inspection report

3 Eureka Terrace
Tan Hills
Chester Le Street
County Durham
DH2 3PZ

Tel: 01913719263

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 17 and 18 April 2018. The first day of the inspection was unannounced, which meant that the staff and provider did not know we would be visiting. The second day was announced. This was the first inspection of the service since it was registered with CQC on 27 January 2017.

Prince Bishop Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides support and accommodation for up to 15 people with learning disabilities. It is provided from two properties separated into three houses. The properties are set together in a residential area of Chester Le Street near to public transport routes, local shops and community facilities. At the time of our inspection there were 12 people using the service.

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

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

Records showed that whilst some maintenance and equipment checks were undertaken not all required checks took place. Legionella checks and hot water temperature checks were not carried out regularly. Medicines were not always managed safely.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely Regulation 12, Safe Care and Treatment.

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

Provider and management audits covered areas such as premises, complaints, and recordings however the issues we found during this inspection in regards to health and safety checks and medicine management were not identified through these processes. We have made a recommendation about a review of the quality assurance systems used to ensure they are more robust.

Emergency contingency plans were in place but were not comprehensive.

Policies and procedures were in place to protect people from harm such as safeguarding and

whistleblowing policies. Staff knew how to identify and report suspected abuse. People and their relatives felt the service was safe.

People and relatives said there were suitable numbers of staff on duty to ensure people's needs were met. Safe recruitment practices were in place. Pre-employment checks were made to reduce the likelihood of employing staff who were unsuitable to work with vulnerable people.

People's risk assessments and care plans were in place and had been reviewed regularly.

Staff received training to be able to carry out their roles in areas including health and safety, food safety and people movement. They had regular supervision and annual appraisals and told us they were well supported by the registered manager.

People had access to a range of healthcare such as GPs, hospital departments and dentists. People's nutritional needs were met. Infection control practices were followed.

Learning took place following reviews of accidents and incidents where themes and trends were addressed.

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

Care was planned and delivered in way that responded to people's assessed needs and preferences. People were supported by a regular team of staff who were knowledgeable about their likes, dislikes and preferences. Interactions between people and staff showed that staff knew the people they were supporting very well.

Staff members were kind and caring towards people. People's privacy, dignity and independence were respected. The policies and practices of the home helped to ensure that everyone was treated equally. Staff encouraged people to access a range of activities and to maintain personal relationships. Visitors were made welcome. The service had good links with the local community

Staff were positive about the registered manager. They confirmed they felt supported and were able to raise concerns. A complaints process was in place which included an easy read version for people with learning disabilities.

Meetings for staff and people using the service were held regularly. This enabled people to be involved in decisions about how the service was run. The service worked with a range of health and social care professionals to ensure individual's needs were being met.

This is the first time the service has been rated as Requires Improvement.

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.

Legionella and water temperature checks were not carried out.

Medication was not always managed safely.

Staff had been trained in safeguarding people and were knowledgeable about the potential signs of abuse.

Staff recruitment procedures were safe.

Is the service effective?

Good ●

The service was effective.

Care was planned and delivered in a person centred way.

Collaborative work with other professionals took place.

People received support from staff who had the skills and knowledge to meet their needs.

Staff received the relevant training and had regular supervision and appraisals to enable them to feel confident in providing effective care to people.

Is the service caring?

Good ●

The service was caring.

People said they were happy living at Prince Bishop Court.

Peoples independence was promoted.

Staff were respectful and kind with people.

Staff knew the people they were supporting well.

Relatives told us they were made to feel welcome.

Is the service responsive?

Good ●

The service was responsive.

Staff understood how people wanted to be cared for.

A range of activities took place.

People were able to access the local community.

There was an effective complaints policy and procedure in place and people felt their concerns were listened to and acted upon.

Is the service well-led?

The service was not always well-led.

The provider and manager carried out audits but these did not highlight the issues we found during this inspection.

People, their relatives and staff spoke highly of the registered manager.

Regular meetings took place for people and staff. This enabled them to feedback their views and influence how the service was run.

Feedback was sought and acted upon.

Requires Improvement 

Prince Bishop Court

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 checked 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 announced comprehensive inspection took place on 17 and 18 March 2018. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. To gather their views of the care provided we contacted the commissioners of the relevant local authority, the local authority safeguarding team, the fire service and other professionals who had worked with the service

During the inspection we spoke with five people who used the service and we also spoke to two relatives of people using the service. We reviewed a wide range of records, this included five people's care records and five people's medicines records. We looked at four staff recruitment files, including supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures. We spent time observing people in the communal areas of the service.

We spoke with six members of staff, including the registered manager, four care staff and the activities co-ordinator. We also spoke to the managing director of the service.

Is the service safe?

Our findings

Health and safety checks of the building had not taken place for at least six weeks prior to this inspection. Exact dates of previous checks were not recorded, just the month they had taken place, for example 'February'. These checks included electrical safety, food storage areas, infection prevention and control and the external environment. Following our inspection the provider sent us a new, more robust auditing schedule which included weekly health and safety checks.

Legionnaires disease is a potentially fatal type of pneumonia, contracted by inhaling airborne water droplets containing viable *Legionella* bacteria. In line with *Legionella* regulations employers are legally bound to carry out a legionella risk assessment of the building in which people and staff live and work, where there are more than five employees. This is to ensure that there is no legionella bacteria in the water supplies and that adequate measures are in place to control the risks of legionella bacteria developing in the water supplies. We found that no legionella risk assessment had been carried out and no control measures were in place to prevent the development of legionella bacteria. During our inspection the provider informed us that they would address this matter as a matter of priority. Following the inspection the provider told us that they had taken steps to address this and had arranged for a legionella risk assessment to be carried out imminently.

Water temperatures were recorded monthly by the manager of another of the provider's services. During this inspection it was evident that water temperatures had not been taken the previous month and there was no exact date recorded of the last checks. Records stated the last checks had taken place in 'February'. There was an increased risk that people could be scalded due to water temperature levels not being monitored regularly. There had however been no incidents recorded. The registered manager said that they would address this issue immediately and following this inspection provided evidence of a new schedule for checks.

We observed a medicines round. Staff explained to people what medicine they were taking and why. People were given the support and time they needed when taking their medicines, however, medicine procedures were not always safe. Two staff members administered all medicines. One staff member read out information on the Medicines Administration Record (MAR) whilst the second member of staff read the label on the medicine and took the medicines out of its packaging ready to be administered. This system meant that the person dispensing the medicines did not read both the MAR sheet and the label on the packaging. One staff member signed the MAR before medicines were administered, however, MARs are a record of medicines having been administered. This system increased the likelihood of errors occurring.

There were gaps in recordings including signatures on (MARs) sheet. For example, one person's MAR had gaps where a dose of medicines should have been administered on the day of the inspection. We were informed that the medicines had been administered and that the staff member had forgotten to sign the MAR after giving the person their medicine.

There was no date of opening on a liquid medicine we looked at. This meant that staff may not know how long the bottle had been opened. It is important to know the expiry dates of medicines as if a medicine is

used beyond its expiry date it may be unsafe or not as effective.

Nutricrem is a dessert style food supplement for use under medical supervision. One person had been prescribed Nutricrem four times daily due to weight loss. The food supplement was documented on the person's MAR chart as a prescribed medicine that they should have, however, staff had not signed when the person had eaten the mousse. It was not clear therefore how many of the food supplements the person had consumed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were securely stored. All of the medicines people were prescribed were available. This meant that appropriate arrangements for ordering and obtaining people's prescribed medicines were working, to reduce the risk of harm.

The British National Formulary (BNF) is a pharmaceutical reference book that contains a wide spectrum of information and advice on prescribing and pharmacology, along with specific facts and details about many medicines available on the UK National Health Service. There was no up to date BNF book or its equivalent available on the day of the inspection to give staff guidance when needed. The registered manager informed us that a new BNF book or its equivalent would be purchased.

We asked people if they felt safe living at Prince Bishop Court. One person said, "It's the staff that keep me safe." A relative commented that incidents are "acted on, in accordance with how you would expect it to be".

Documentation and certificates were in place to show that servicing had been carried out on equipment such as electrical items and gas appliances.

Weekly fire checks took place. Fire equipment and the fire system had been regularly maintained and serviced. Fire drills took place regularly and were timed. People had Personal Emergency Evacuation Plans (PEEPs) to help them leave the building quickly in case of emergency. The service had a fire emergency plan and a fire risk assessment, however, both required reviewing. During the inspection the provider informed us this would be addressed. Emergency lighting was checked regularly.

People were safeguarded from abuse and avoidable harm. Systems and procedures were in place to keep people free from harm. Staff had access to the provider's safeguarding policy. Records showed that staff received training in safeguarding. Staff understood how to keep people safe including what to do if an allegation of abuse was made. Staff knew how to report any safeguarding concerns and said they would feel confident doing so. Staff were aware of whistle blowing procedures and were confident the registered manager would respond to any concerns raised.

People and relatives told us there were enough staff on duty to support people with their needs and this supported our findings on the days that we visited. Staffing rotas were determined by the registered manager who decided upon appropriate staffing levels. No tools were in place to determine staffing levels due to the small size of the service.

General risk assessments were in place covering areas such as manual handling, window safety and use of electrical items. These were reviewed regularly. Individual risk assessments were also available to guide staff about how to minimise risk to people in relation to their needs such as epilepsy and mobility. Plans of care were reflective of people's changing needs and were reviewed regularly.

We looked at four staff files which showed that safe recruitment procedures were in place. Staff completed an application form and any gaps in employment history were checked out by the provider. Two references were obtained prior to staff starting work at the service. A Disclosure and Barring Service (DBS) check was

carried out before staff commenced work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

Staff inductions were comprehensive and included probationary period reviews to help ensure that recently recruited staff were suitable for the roles for which they had been employed.

The service had a business recovery risk assessment in place which set out how people's needs would continue to be met in the event of an unforeseen incident such as power failure. This document was not comprehensive, lacking detail of what staff needed to do in certain emergency situations. Following this inspection the provider sent us a full Business Recovery Plan which showed us contingencies were in place to keep people safe in the event of an emergency.

Infection control procedures were in place. Staff had access to personal protective equipment (PPE) to reduce the risk of the spread of infection. Staff explained that they prompted people to clean their own bedrooms and attend to their own laundry in order to promote their independence. An infection control champion was appointed by the provider to share Department of Health best practice within their services.

During the inspection we looked around toilets, shower rooms and communal areas. We found that communal areas of the building were clean, however, the boxing in of pipe work and sealant around sinks, baths and showers in toilets and bathrooms had deteriorated in many areas leaving it in a condition where it could not be cleaned effectively.

The registered manager gave examples of how lessons had been learnt from adverse incidents. They gave us an example of this which involved the service analysing incidents of challenging behaviour more thoroughly than had been previously undertaken. This reduced the risk of further incidents occurring. Such incidents were shared with the staff team to ensure the risk of similar incidents in the future was reduced.

Records showed systems were in place for reporting, recording, and monitoring significant events, incidents, falls and accidents. There had been no accidents in the past year and we were informed that should these take place these would be audited by the registered manager on a regular basis to identify any trends and patterns.

Is the service effective?

Our findings

People said they were supported by staff who knew their individual needs, likes, dislikes and preferences. One person said, "Staff help me do the things I like."

Care records showed how people's needs were assessed on admission to the home and then reviewed on a regular basis. Care plans had been evaluated monthly and were reflective of people's changing needs. Following the initial assessment if there were areas that required the advice or input of specific healthcare professionals, the registered manager made a referral to the relevant agency. This ensured that healthcare professionals were involved in the assessment process when required and ensured that care was based on up-to-date legislation, standards and best practice.

The registered manager and staff confirmed that the staff induction programme included essential training and shadowing of experienced carers. This helped to ensure the staff team was knowledgeable, competent and confident to deliver the care and support people needed. Records showed that disciplinary investigations were managed appropriately.

Records showed and staff confirmed that they had regular supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervision sessions included staff development needs. The service had procedures in place to give feedback and support whilst monitoring staff performance. The registered manager kept 'Constant Professional Development' notes which recorded both positive and negative staff actions and any issues arising. These were then discussed in the staff member's next supervision session.

People received care and support from staff that were knowledgeable and had the required skills to carry out their roles. Staff received appropriate training and support to enable them to meet people's needs. One staff member said, "Training is good, we are always on training." A relative commented, "Staff appear to be very highly trained."

Staff said they received the training they needed to carry out their roles safely. Staff had undertaken training in areas such as fire safety, first aid, food hygiene and infection control as well as training designed to ensure they had the skills to work effectively with the people they were supporting. This training included Management of Actual or Potential Aggression (MAPA) which helped to build up staff skills in de-escalating and managing difficult situations with people who may display behaviour which can challenge.

We asked people about meals, snacks and beverages and the response was positive. People were supported to choose their own food and beverages. One person said, "The food is nice. I make it sometimes." One relative commented that the home provided "excellent food". People were given the opportunity to share their views about meals. Staff assisted people with shopping, food preparation and cooking in order to increase people's skills and confidence. The aim of the service was to enable people to become more independent in this area.

People planned their menus for the week with staff and staff gave guidance in terms of healthy options when planning, cooking and shopping with people.

We found that whilst people were weighed regularly, their nutritional health was not regularly monitored using the MUST tool. The Malnutrition Universal Screening Tool (MUST) is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition) or overweight. Following this inspection the provider informed us that they would be implementing use of the tool. The service had made appropriate referrals, for example to Speech and Language Therapy (SALT) teams where an issue with communication and swallowing had been identified.

There was evidence that collaborative working with other professionals such as mental health professionals and podiatrists took place. Staff supported people to attend routine health care appointments. People had access to healthcare services when needed and their healthcare needs were met. One family member said that their relative had required a complicated medical procedure and that the Prince Bishop Court staff had "played a massive role in pulling it all together".

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 authorisation 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed the service was following the requirements of the act in regards to DoLS. Staff showed an understanding of the principles of the MCA. We were informed that at the present time all of the people living in the home were able to make their own decisions day-to-day. We observed that consent was sought by staff prior to carrying out a task with people.

Staff said they thought that the three houses were suited to the needs of the people supported. People were able to meet privately with friends, relatives or professionals. People stated that they were happy with their bedrooms. Bedrooms were individually decorated with personal belongings. One relative commented that staff had worked really hard to ensure their relative's bedroom was "pretty".

Is the service caring?

Our findings

People said they felt staff were caring and they were happy living in the home. One person said of staff "they care". Another person commented, "Staff are nice." A relative stated that staff are "very caring". Another relative said, "Staff treat [the person] like a member of the family."

We observed that the staff team provided support in a caring manner. It was clear that they knew people well and they showed respect for people at all times, ensuring their dignity was maintained. We saw that staff spent time with people in communal areas as well as with people individually.

Peoples preferred form of address was used. People laughed and joked with staff and approached them for reassurance when they were anxious. We observed that staff spent time sitting with people, chatting and talking to them in an unhurried way about common interests and what was important to the person. People were given choices about what they would like to do, for example, which activity they wanted to take part in, or drink they would like. People were made aware of the individual choices available to them. We saw that staff explained what they were going to do before doing it and gave people time to think and respond to them before carrying out a task.

One staff member said, "You get past the challenging behaviour and get to know the person." This showed respect for people being supported. Offers of support to people were discreet. Respect was shown by staff for peoples privacy, for example knocking on doors and asking before entering. We observed how staff communicated well with people, repeating back information in a simplified manner if it had not been understood.

People were supported by staff to be as independent as far as they were able. when we spoke with them staff showed a good understanding of the importance of promoting independence. People were given time and encouragement to complete tasks.

People's equality and diversity was respected. Information regarding people's religious and cultural needs was gathered prior to admission. Staff had completed training in equality, diversity and human rights and the provider had an equality and diversity policy in place.

Care plans were person-centred and included information on people's backgrounds and personal preferences. They provided staff with guidance about the best way to support individuals and reflect their identity. The staff we spoke with were able to give a detailed history of people who used the service, including their likes, dislikes and the best way to approach and support the person. It was clear, from the interactions between staff and people who used the service that positive relationships had been built.

Staff said that people were supported to maintain contact with their family and friends. People and relatives confirmed that this was the case. One relative commented, "I visit every week, I am made to feel welcome."

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Is the service responsive?

Our findings

One person said, "I'm happy here." A staff member commented, "For people to have choices is the biggest thing, I try and promote that."

Staff understood how to deliver personalised care. Care was being delivered in a person-centred way that was led by the person's own needs, preferences and wishes. People's needs had been assessed prior to their admission to the service and these assessments helped to inform care plans.

Care plans documented what a person was able to do for themselves and the areas they required some support with. For example, in one person's plan of care it noted, 'Although I need staff to motivate me, staff must ensure that this comes across as advice rather than a demand.' Plans of care were regularly reviewed to reflect changes in people's needs.

People had an assigned keyworker to support them. Monthly meetings took place between people and their keyworkers. Information was recorded about people's strengths, needs and goals in areas such as communication, self-help and socialisation. People had both long and short term goals which were regularly reviewed. One person had a goal which was to help to prepare a meal. Staff had been given set phrases to use to help the person achieve their goal. For example, 'Let me know when you are ready' [to undertake the task].

Comprehensive guidance was available for staff on how to best support people including Positive Behaviour Support (PBS) plans for people who display behaviours which may challenge. This gave staff guidance about how to best support someone who was becoming anxious or upset. Where people had displayed behaviour which may challenge, charts had been completed to identify potential triggers for certain behaviours and strategies had been put in place to manage the person's anxieties. PBS plans clearly showed how people may communicate any negative emotions they might be feeling, for example, through facial expressions. Staff were able to describe how to manage people's behaviours when they may challenge. This information was reflected in people's care plans. Care plans clearly showed people's communication needs and preferences, for example staff were guided to repeat back information in a simplified way to one person to ensure their understanding.

Records were kept of communication with a range of external professionals such as dieticians and social workers. Annual health checks took place with people's GP's. People had health actions plans and hospital passports. Hospital passports contain key information about the person which can be passed on to medical professionals in the event of a hospital admission. Easy read guides were available to help people understand the importance of breast and cervical screening.

Staffing hours were flexible to meet the individual needs of people. The registered manager had recently developed the role of 'floating' staff who worked variable hours to best meet the needs of people supported.

Handovers were undertaken before staff started on shift. Handovers provided staff with the opportunity to gather the up to date information they required to support people. Staff recorded how people had been

throughout the day and overnight and records included information about the care and support that had been given. These records also showed that care had been delivered in line with people's care plans.

People who used the service were happy with the level and range of activities available. People were active and spent time in the local community. One person said, "I like to see my friends in the other houses, we sometimes go for nice meals."

There was evidence of various activities taking place. One person had their own car to access the community. The activities co-ordinator said, "I work around what the service users want." Recent activities had included feeding horses, arts and crafts and attending a Zumba class.

Outings had included visiting a local shopping centre, cinema trips and visits to local pubs. On the day of our visit one person said they were going to the greyhound racing that evening with a staff member. Records were kept when people declined to take part in activities.

An achievements awards ceremony took place in December 2017. This was organised by the provider to celebrate the successes of staff and people. We saw that one person had been given an 'I'm a Superstar' award certificate. People told us they enjoyed the event.

The service had a clear complaints policy and procedure in place. A user friendly complaints leaflet was in place to assist people should they need to complain and a copy was given to people and their relatives when they moved into the home. People and their relatives told us they knew how to complain. One person said, "I would complain to [name of the registered manager] if I had to". A relative commented they had previously made a complaint and it had "been dealt with how I wanted it to be dealt with".

Procedures were in place to support people with discharge and end-of-life care including an easy read 'my end of life plan' which recorded the person's preferences and wishes. At the time of our visit no one was receiving end-of-life care.

All of the people being supported were of a similar ethnic background but the registered manager said that information would be gathered on admission about any religious, spiritual or cultural needs people had, so that a plan could be put in place to meet any such identified needs.

Is the service well-led?

Our findings

The home had a registered manager. People said that they thought the service was well led. One person commented that the registered manager was "very good". 'One relative said that they were "absolutely happy with the service". Another relative said that they "can't speak highly enough" [of the management team].

Records showed that the provider and registered manager had quality assurance systems in place. Audits were carried out regularly of care plans and risk assessments. These identified actions outstanding and any such actions were signed off on completion. Quality assurance systems however had not identified the issue in regards to the management of legionella we found during this inspection. Health and safety audits had not always been carried out on a regular basis and checks had not always identified shortfalls with health and safety and records relating to medicines. The provider was responsive in addressing the issues we found at or following the inspection.

We have made a recommendation that the provider revisits quality assurance systems and governance to ensure that it is sufficient to pick up the concerns that we identified at our inspection.

We looked at the culture of the service, including if it was open, transparent and accountable. Staff understood the culture and values of the service and the importance of promoting independence and providing dignity in care.

The registered manager was a visible presence in the home. A staff member commented that they were able to bring up concerns with management as the registered manager had an "open door policy, engaging and willing to listen".

Meetings for staff were held at regular intervals. Staff meetings covered areas such as training, cleaning, the keyworker role and safeguarding. Staff were given the chance to contribute to the meetings and minutes were recorded. The minutes detailed the matters discussed, actions that needed to be taken and by whom. Records showed that staff were given opportunities to share their views and contribute to the running of the service. Meetings also took place monthly for people using the service and included discussions of areas such as bedroom cleaning days, outings and activities.

Systems were in place to communicate with people and their relatives and involve them in decision making in relation to the service. Feedback was sought from people and their relatives through surveys and informal chats. Feedback was analysed and used to inform the service's development plans. This enabled people to be involved in decisions about how the service was run. We were provided with survey responses which were positive.

Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for. We found the records we asked for were well- maintained, easily accessible and stored securely.

The management team worked closely with local GPs and other healthcare professionals such as community nurses to make sure people's needs were being met. It was evident from looking at records that advice given by external professionals such as behaviour management strategies were incorporated into people's plans of care

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure all of the health and safety risks to people receiving care and treatment were appropriately managed and mitigated.</p>