

Bowden Derra Park Limited

Bowden-Derra Park

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 9 August 2017. The last inspection took place on 20 February 2017, when we identified breaches of the legal requirements. The breaches were in relation to support not being provided according to information in risk assessments, information in care plans was missing or contradictory, a lack of detail in people's daily notes, personal emergency evacuation plans (PEEPS) contained limited information to enable emergency responders to support people from the premises safely.

Following the inspection the registered manager contacted us outlining the steps they would take to meet the relevant legal requirements. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements.

Bowden-Derra Park provides accommodation and care for a maximum of 46 adults, who may have mental health needs, learning or physical disabilities. On the day of the inspection 36 people were using the service. Bowden-Derra Park is made up of four separate houses which are part of a larger complex of residential accommodation. 23 people were living in the main house known as Bowden Derra House, eight in Orchard House, four in Medrow House and one person in Meadowside. Bowden-Derra Park is owned by Bowden Derra Park Limited. Bowden Derra Park Limited also provides care in five other residential homes and one nursing home on the same site and in Polyphant village, near Launceston.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that one person, who had moved into the service the month before the inspection, did not have a care plan in place. Another person's care plan had not been updated since 2015 and contained information that could mislead staff. This meant staff did not have access to relevant information and guidance to help them support people in line with their needs and preferences.

Where people had been identified as being at risk this was recorded. There was clear guidance for staff on how to support people in order to minimise any identified risk. Staff had received training for safeguarding and this was updated regularly. Recruitment processes protected people from the risk of being supported by staff who were not suitable for the role.

Systems for the management of medicines were robust. Medicine Administration Records (MAR) were completed appropriately. Medicines were stored appropriately and creams and liquid preparations were dated on opening.

Staff were supported to carry out their roles through a system of induction, training and supervision.

Training included areas which were specific to the needs of people living at Bowden Derra Park. Staff felt valued and supported and were happy in their work.

Staff worked according to the principles of the Mental Capacity Act and associated Deprivation of Liberty Safeguards. 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.

Staff were mindful of people's changing needs and adapted their support as necessary. Communication styles were recognised and respected. Care plans contained detailed information for staff on how best to interact with people and, where relevant, described how people might use facial expressions or body language to communicate.

People's opinions in relation to activities and pastimes had been sought out. In-house activities were varied and creative. There were enough staff to support people to take part in individualised activities according to their preferences.

There was a well established management structure in place with clear lines of accountability and responsibility. Audits were carried out over a range of areas. However, the system had failed to alert the registered manager to the fact that a care plan had not been developed for one person.

There were systems in place to gather the views of people who used the service and their families. Staff meetings enabled staff to voice their ideas and suggestions about how the service was organised.

In our previous inspection report we identified that the provider had taken a decision not to allow representatives from the local authority onto the premises. We were concerned the provider was not working with outside agencies to ensure people's safety and welfare. At this inspection the registered manager told us they met regularly with the local authority safeguarding team and a meeting had been held with senior representatives of the council very recently. They told us the meeting had been positive and a strategies for future working had been discussed.

We identified a breach of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Risk assessments were in place and gave staff clear guidance on how to minimise any identified risks.

There were sufficient staff to meet people's needs.

Systems in place for the management of medicines were robust.

Is the service effective?

Good ●

The service was effective. Staff received a thorough induction and regular supervisions.

People were supported in line with guidelines set out by the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to external healthcare professionals.

Is the service caring?

Good ●

The service was caring. The importance of family relationships was recognised and respected.

People's preferred communication styles were identified and recorded.

Staff knew people well and were knowledgeable about their preferences.

Is the service responsive?

Requires Improvement ●

The service was not entirely responsive. One person had no care plan in place and another person's care plan was misleading.

Staff responded quickly to any change in people's needs.

Systems had been introduced to identify people's interests.

Is the service well-led?

Requires Improvement ●

The service was not entirely well-led. Audits had failed to identify

the lack of a care plan for one person.

There was a well-established management structure in place.
Managers were clear about their roles and responsibilities.

Staff were enthusiastic about their roles and morale was good.

Bowden-Derra Park

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.

The unannounced inspection took place on 9 August 2017 and was carried out by two adult social care inspectors, a specialist advisor and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor had experience of working with people with learning disabilities and high support needs.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We had not requested a Provider Information Return before 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.

During the inspection visit we spoke with 15 people who lived at Bowden Derra Park, the registered manager, a manager, thirteen care workers and one relative.

We looked around the premises and observed how staff interacted with people. We looked at six records related to people's individual care needs. We reviewed three staff recruitment files, training records, staff rotas and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

At our last inspection we identified people were not always supported in accordance with guidance provided to staff in individual risk assessments. Water from taps was extremely hot and the safety measures in place were not effective. We found the service was in breach of the regulations. Following the inspection the registered manager contacted us to let us know they were carrying out a full review of all risk assessments and care plans.

At this inspection we saw care plans included risk assessments for a range of areas. These guided staff on how they should support people who had been identified as being at risk. For example, one person was at risk of choking. The assessment in place stated staff were to supervise the person, ensure their food was appropriately cut up and to be aware if the person went to the kitchen for a snack so they could support them with it.

Other areas covered by risk assessments included accessing the community and supporting people when they became distressed. The guidance was clear and indicated how staff could support people safely and without unnecessarily restricting them. We concluded information in risk assessments was now clear and fully guided staff as to how people identified as being at risk, should be supported.

Remedial work on the hot water supply had been carried out to help ensure water temperatures were effectively regulated. Temperature valves had been fitted to sink taps and thermometers were available in bathrooms for staff to use when supporting people with bathing. We found the service was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found Personal Emergency Evacuation Plans (PEEPs) lacked detail. PEEPs can be used by staff and emergency responders if people need to be assisted to evacuate the building in an emergency. At this inspection we found the PEEPs had been updated. The information was specific to the person and gave clear guidance.

Staff told us they considered people to be safe. Some people had periods of time when they could become anxious or distressed. At these times they found it difficult to manage their emotions. Staff said that, although people sometimes had minor arguments these were brief and quickly resolved. They said that people generally got on together well. One commented; "They really look after each other. If someone's away they ask after each other."

Staff had received training to support people if they became agitated and distressed to protect themselves and others in the vicinity from harm. The training was regularly updated for those staff who required it. Two of the deputy managers had completed a course in the safe use of physical restraint. They held a teaching qualification which meant they were qualified to deliver the training to the rest of the staff team.

On the day of the inspection the service was fully staffed. We looked at rotas for the previous week and found there were sufficient staff to support people according to their needs and commissioned hours. There

were some vacancies at the service and agency staff were being used to cover gaps. These were staff who were familiar with people's needs and worked at Bowden Derra Park regularly. We spoke with two agency workers who confirmed they had worked at the service several times previously. Each service setting had a core team in place. This helped ensure people received consistent care from staff who knew them well.

Staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. The registered manager reported any safeguarding concerns to CQC appropriately.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

During our inspection, we looked at the systems in place for managing medicines. Staff managed medicines in a way that kept people safe. Medicines were stored securely in the medicines room and/or trolley and in people's own rooms. Medicines were available to people when they needed them and unwanted medicines were disposed of safely. Medicine refrigerators were available for use and the temperatures monitored to ensure they were operating effectively. Staff checked medicines on arrival at the service to ensure any errors were identified. All staff with responsibility for administering medicines received the appropriate training.

Medicine administration records (MARs) were kept to show what medicines people had received. These were audited regularly by deputy managers. When staff made handwritten entries or amendments to MARs, they were nearly always signed by a second member of trained staff to show they had been checked for accuracy.

The level of support people needed to take their medicines safely was assessed and people received their medicines in a personalised way that suited them. One person kept their medicines securely in their room. Staff prompted them when it was time to take medicines and helped them to select the right ones. Staff then signed the administration record to show that the medicines had been taken.

People were supported to have regular reviews of their medicines. Staff monitored people following any change to their medicines to help ensure they were not suffering any adverse side effects and the new regime was working effectively. Any concerns were quickly reported to the GP.

The service was inspected by the local fire service each year and at the last inspection this had highlighted areas for improvement. All the actions had been carried out. For example, staff had received advice from the fire service in horizontal evacuation techniques. Fire doors, alarms, extinguishers and emergency lighting were all tested regularly to ensure they were kept in good working order.

Is the service effective?

Our findings

Newly employed staff were required to complete an induction before starting work. This included familiarising themselves with the organisation's policies and procedures and completing training. Staff new to care were required to complete the Care Certificate. The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. The registered manager told us staff were expected to complete the Care Certificate within 12 weeks unless they needed any extra support, which could be provided.

There was a period of shadowing more experienced staff before new employees started to work independently. Shadow shifts were completed in each of the four settings and then staff were asked which service they would prefer to work in. One member of staff told us; "I shadowed first and they talked me through everything. I needed that support, I hadn't done this work before."

Training in areas identified as necessary for the service was updated and refreshed regularly. Training specific to people's needs was also provided. This included dementia, person centred approaches and coping with aggression. A member of staff told us; "We do a lot of training!" The training was a mixture of on-line and face to face. Some senior staff had completed courses to enable them to deliver specific training to the staff team. For example, a deputy manager and manager had recently completed a train the trainer course for the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff told us they felt well supported in their roles and able to ask for advice and support when they needed it. Comments included; "I can go to [deputy manager] at any time, he's a great guy." Staff received regular one to one supervision. This meant they had opportunities to discuss working practices and highlight any training needs.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. One person had a DoLS authorisation in place. Applications for DoLS authorisations for other people had been made to the local authority appropriately.

Where appropriate mental capacity assessments had been carried out. Best interest meetings were held when people were found to be lacking capacity to make certain decisions. These were recorded appropriately. People who had capacity to do so had signed to consent to their plan of care.

People were supported to make day to day decisions and choices about things such as where they should go on holiday. For example, people living at Meadowside had recently been to Spain for a holiday. Before they decided where to go staff had provided them with information and pictures of resorts to help them make a meaningful choice. A house meeting had been arranged to discuss the options and the decision made between them. Staff told us the holiday had been a great success. A member of staff told us; "All the time people can choose their path. If they say no then you can't make them."

People were involved in decisions about what they would like to eat and drink and where. There was a large café on site where people often ate and this was an opportunity for people to socialise with others who they might not necessarily see otherwise. The café was also frequently used as meeting place for relatives. When people chose to eat in their service setting they were involved in decisions about the menu. For example, in Bowden Derra House people attended weekly meetings where menus for the week were discussed and decided upon.

People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Care plans contained information about annual health checks and health action plans. Hospital passports had been developed to inform hospital staff of the support people needed if they were admitted for treatment.

Bowden Derra House was a large property which was able to accommodate 31 people. At the time of the inspection 23 people were living there. They had shared access to two bathrooms and a shower room. The limited number of facilities meant people's choices as to when they could use a bathroom might sometimes be restricted. The other service settings were smaller and the number of bathrooms per person was larger. This meant people were more likely to be able to bathe according to their own preference.

One person in Bowden Derra House had become less tolerant to noise and preferred a quiet environment. A spare bedroom adjacent to their bedroom had been converted into a small lounge area for their sole use. A deputy manager told us; "It's worked really, really well." The registered manager told us they were reducing the number of bedrooms available in Bowden Derra House by four. Reducing the number of people using the premises is likely to make it easier for staff to offer support to people which reflects their needs and preferences.

The kitchen in Bowden Derra House had been adapted to enable people with physical disabilities to use it. Worktops had been lowered and there was space underneath to accommodate wheelchairs. Staff told us people often helped prepare meals and a rota was displayed showing who would be involved in meal preparation throughout the week.

Is the service caring?

Our findings

The importance of family relationships and friendships was recognised and respected. Relatives were welcomed onto the site at any time and often used the café as a meeting place. Arrangements were being made for a masked ball and families and friends had been invited to attend. We observed staff gave people privacy when relatives visited. A member of staff told us; "We have an open door policy. Families visit as and when." A relative commented; "It's all very casual, I can come and go as I please."

Staff were aware of people's preferred communication styles and respected them. One person chose not to use words to communicate and staff had developed communication tools to support them. This included a key ring with a range of small pictures attached which the person used to make choices or requests. For example, there were pictures of snacks, drinks and a bathroom. A photo album containing photographs of places the person had visited or activities was used to help facilitate choice. The deputy manager told us the person was skilled at using this to indicate clearly what they wanted to do. One person used some Makaton (a basic key word signing system) and training in this area had been provided for some staff.

Care plans contained detailed information about people's communication styles. For example, one care plan read; "Points to her teeth if she is in pain but this doesn't necessarily mean it is her teeth causing the pain" and "Will wave at you if she wants to be left alone." These records helped staff to understand people's individual communications preferences.

One person had a diagnosis of dementia with rapid onset. Staff had created a life story box which they were filling with photographs and meaningful objects to help the person with reminiscence activities. This demonstrated staff were able to adapt their approaches and communication techniques to suit people's changing needs.

Some people were tactile in their approach and looked for physical reassurance at times from staff. Staff were open in their response giving people a brief hug as appropriate and offering their hand or arm for support. One person had been given a massage tube and twiddle muff to help meet their sensory needs. Twiddle muffs are knitted hand warmers with objects attached which can help combat restlessness for people with dementia.

Interactions between staff and people were friendly and relaxed. During the inspection we spent some time in the office in Bowden Derra House and the door was open at all times. People were clearly used to this and entered the office freely to speak with staff. This could be about specific issues or for a friendly chat. A game of bingo was organised for people during the morning. The atmosphere in the room was one of people enjoying themselves amongst friends. We heard one person talking to a member of staff about their activity tracker. The conversation was an exchange of information between the two and was friendly and respectful.

Staff knew people well and spoke to us knowledgably about people's preferences. They were able to briefly describe people's needs and personalities and advise us on how best to approach people. Care plans contained detailed information about people's life histories and backgrounds. This is important as it can

help staff gain an understanding of the events that have contributed to how people behave and react to situations. It can also help staff establish common interests and experiences when engaging with people.

People were supported to develop and maintain independent living skills. We observed one person in Bowden Derra House come into the kitchen to make themselves a hot chocolate. Hot water for drinks was accessed from a small urn reducing the risk of injuries from scalding and enabling people to make drinks independently.

Some people had keys to their rooms and this was recorded in their care plans. One person told us they were having a key cut and were looking forward to this.

Someone who lived at Bowden Derra House had died earlier in the year. The deputy manager told us the person had been supported during their illness by two long standing members of staff with experience in end of life care. Two people had been supported to attend the funeral with staff.

Is the service responsive?

Our findings

At our previous inspection we found information in care plans was sometimes incorrect, inconsistent or missing. Daily notes lacked detail and it was not always possible to establish what activities people had taken part in. We found the service was in breach of the regulations.

One person had moved into Orchard House the month preceding the inspection. There was no care plan in place for them and no guidance for staff on how the person should be supported. From pre-admission information we saw the person had complex behavioural support needs. This information was not freely available to staff and there was no guidance on how they should support the person when they were distressed. Risk assessments outlining how to support the person when they were anxious or distressed had not been updated following the person's move to the service from their previous placement. It appeared from the daily notes in place, the person was sometimes asked to go to their room to 'self-calm.' There were no details for staff on when this should occur, how long it might take the person to self-calm and if there were any associated risks. We discussed this with the registered manager who agreed this had been an oversight and the care plan should have been in place. They assured us this would be addressed in the next few days. A relative of the person told us they were very happy with the support being provided and felt their family member was well supported. The person also told us they were happy. However, it is important staff have access to information and guidance to help them support people in line with their needs and preferences.

Another care plan had not been recently updated with some sections dated 2015. The care plan was again for a person with complicated support needs. This meant it was particularly important the care plan was regularly reviewed and updated to help ensure it accurately reflected their needs. Some of the information was incorrect. For example, we were concerned from reading the care plan that the person was having things that were important to them withheld to influence their behaviour. This approach is not in line with best practice guidelines. Staff assured us the guidance in the care plan was badly worded and the person was not supported in this way. The information could have been misleading for staff not familiar with the person and their needs.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans contained information regarding a range of areas including communication, mobility and personal care. There were clear and detailed descriptions of people's routines and preferences. This included information about what people needed help with and what they could do for themselves. We did not identify any conflicting information and care plans were regularly reviewed and updated. Staff told us the information was useful, particularly when they first started to work with people who they were unfamiliar with.

At our previous inspection we were concerned people did not always have access to meaningful activities in line with their preferences and we made a recommendation.

At this inspection we found action had been taken to identify what activities people would be interested in trying. People had been supported to complete a questionnaire regarding activities and what they particularly enjoyed doing. In addition, they had been asked if there were any new pastimes they would like to try. This information had been fed back to deputy managers to try and source where these activities might be available. Suggestions had included golf, Chinese take-away, picnics and horse riding. One person was interested in football and staff had identified a local inclusive football club which they were hoping to join.

An activities folder in Bowden Derra House outlined ideas for a range of activities and how these could be organised. Photographs were included to show who had taken part in the activity and indicate their level of engagement and enjoyment. For example, we saw a photograph of one person being supported to join a yoga session. There was also guidance on how to organise specific activities. The information in the folder could be used to give staff an idea of people's abilities and how to support them in various pastimes.

People were supported to take part in a range of activities on the day of the inspection, both within the service and outside. One person went on a short shopping trip, others were attending day centres and one person went on a bike ride. Some people were going on a trip that evening to see the British firework championships in Plymouth. A deputy manager told us some people could be reluctant to go out at times. They explained how they tried to encourage people to take part in activities. For example, one person would attend special organised events. Another would be more likely to agree to go out if certain members of staff made the suggestion. We looked at the daily notes for one person who was not going out regularly. The notes recorded that they were frequently asked if they would like to go on trips or walks but they often refused.

Group activities and activities onsite were varied and creative. A masked ball was being organised for the week following the inspection and people were involved in creating masks and table decorations for the event. A virtual trip round Cornwall was being planned following a similar 'round the world' trip. This involved selecting a region or country and arranging themed activities and meals to represent that particular culture. A deputy manager told us this had been very successful and we saw photographs recording the various events. A ladies night had recently been organised and each month there was a themed day with events and music relevant to a particular decade.

At our previous inspection we found daily notes were brief and lacked detail. At this inspection we saw daily notes were kept for each individual to record how they had spent their time. The records were consistently completed and gave detail on what activities people had taken part in and their physical and emotional well-being. They showed people were making day to day choices about how and where they spent their time.

Staff responded quickly to any change in people's needs. For example, one person had fallen on the Monday before the inspection. The deputy manager had reviewed and updated the person's falls risk assessment on the same day and completed an incident and accident form and a body map. The person had been seen by a physiotherapist the following day. On the day of the inspection, which was the Wednesday their interim report had been added to the care plan. This demonstrated changes in needs were identified and action taken to mitigate any increased risks to their health and well-being.

The provider had a policy and procedure in place for dealing with any concerns or complaints. Easy read versions of the complaints policy were available for people who required one. There were no complaints ongoing at the time of the inspection. The complaints log showed any issues were dealt with in a timely manner and actions taken were recorded.

Is the service well-led?

Our findings

Systems in place to give the registered manager oversight of the service had failed to highlight the lack of a care plan for one person who had recently moved into Bowden-Derra Park. Pre-admission information held by the service was not available to staff supporting the person. This could have provided staff with information on how best to support them and what risks had previously been identified.

This contributed to the on-going breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a system of auditing in place in respect of a range of other areas including medicines, risk assessments, incidents and accidents, and the environment. An onsite maintenance team was available to complete any repairs or improvements.

In our previous inspection report we identified that the provider had taken a decision not to allow representatives from the local authority onto the premises. We were concerned the provider was not working with outside agencies to ensure people's safety and welfare. At this inspection the registered manager told us they met regularly with the local authority safeguarding team and a meeting had been held with senior representatives of the council very recently. They told us the meeting had been positive and a strategies for future working had been discussed.

There was a registered manager in post who had oversight of all the services at Bowden-Derra Park Limited including Bowden-Derra Park. There were also two managers with oversight of the services. Each individual service was managed on a day to day basis by a deputy manager and team leader. Due to the size of the service, at Bowden Derra House there were two deputy managers in post who were supported by two team leaders. Everyone had clearly defined responsibilities. For example, deputy managers carried out supervisions, appraisals, internal audits and organised rotas. Team leaders oversaw the shifts and also carried out some supervisions. Staff told us the service was well organised. There was an on call system in place so staff were able to contact a manager at any time for advice or support.

Deputy managers received additional training to help them carry out their roles. For example, one deputy manager told us they were working to complete their Level 5 diploma in Health and Social Care. They had also completed an NVQ assessor qualification to enable them to support staff doing NVQ's between the official assessor visits. They told us the organisation was supportive of them developing their skills and qualifications.

The registered manager was a visible presence at the service and all staff and people knew him well and told us he was approachable. Families also spoke highly of the registered manager. Managers supported deputy managers with formal supervisions and were available for advice when required. One deputy manager told us; "The managers are always at the end of the phone if you need them."

The registered manager and one of the managers spoke with us about their plans to develop people's

presence in the community. The manager was exploring the idea of working with a local night club to start an inclusive club night for people with disabilities. They had identified a night club whose owners were supportive of the idea and were trying to network with other groups to identify the level of interest. Although they were frustrated with the lack of response so far from other groups they told us they were determined to keep trying. They said; "We could get something organised in the day easily, but that wouldn't be the same as coming out of a club at night."

Staff told us they enjoyed working at the service and were well supported in their roles. One commented; "I really enjoy it, I like all the clients, I like the whole team. [Deputy manager's name] is great if I've got any issues." Deputy managers worked alongside staff and were aware of any concerns that might be affecting staff morale. Care staff were supported by domestic and maintenance staff. This helped ensure the smooth running of all aspects of the service.

There were a variety of systems in place to gather views about how the service was organised. Team meetings were held within each separate service for day and night staff. This meant staff only attended meetings which were relevant to them. These were held regularly and gave staff an opportunity to discuss any concerns or changes in working practices. Deputy managers and team leaders met weekly. This meant the senior team had opportunities to share any concerns or examples of good working practice.

Annual questionnaires were circulated to families and external professionals. Staff questionnaires were circulated to gather views about specific situations or events.

Incidents were recorded in the service and these were closely monitored by the management team. Following any incident a form was completed outlining a description of the event and the events leading up to it. This was passed to senior management alongside any other relevant documentation such as accident forms and body maps. This was completed within 24 hours of the incident. This meant senior management would be aware of any emerging trends within the service.

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 Systems and processes were not established or operated effectively to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Accurate, complete and contemporaneous records were not kept in respect of all service users including information about decisions taken in relation to the care and treatment provided. Regulation 17(1)(2)(a)(c)