

Ordinary Living Limited

Ordinary Living

Inspection report

Phillips Farm
Marine Drive, Widemouth Bay
Bude
EX23 0LZ

Tel: 01288356608
Website: www.ordinaryliving.co.uk/

Date of inspection visit:
12 January 2023

Date of publication:
22 February 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Ordinary Living is a supported living service providing personal care to people living in their own homes. The service provides support to people with a learning disability and/or autistic people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 11 people were receiving support with personal care.

People's experience of using this service and what we found

Right Support

- Staff had not always worked with people to identify goals and aspirations. Where goals had been identified there were no clear plans to help people achieve them.
- There was a lack of oversight of the restrictive practices in place. This meant they might not be reviewed regularly to ensure they remained proportionate and the least restrictive option.
- When people experienced periods of distress staff learned from those events and considered how they might be avoided in the future.
- Staff supported and encouraged people to access specialist health and social care support in the community.
- Staff supported people with their medicines, so they received them as prescribed. There were protocols in place for staff to follow before administering medicines to be used 'as required'.
- People were supported to have choice and control and records showed staff supported them in the least restrictive way possible and in their best interests; the policies in the service supported this practice. However, there was a lack of oversight of the restrictions in place. This meant opportunities to reduce restrictions might be missed.

Right Care:

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had enough staff to meet people's needs and keep them safe.
- Not all staff had received training in supporting autistic people or people with a learning disability. Some staff had not had any training in alternative communication methods.

Right Culture:

- Systems for monitoring the culture of the service were limited. Audits that did address people's experience of receiving support from Ordinary Living were not well established.
- There was a strong management team in place and staff told us they were well supported and able to access support and guidance when needed.
- Relatives were positive about the management of the service. During the inspection senior managers were open and transparent during the inspection process and demonstrated motivation to make improvements.
- Staff turnover was low, which supported people to receive consistent care from staff who knew them well.

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 26 May 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found although the provider had met some of the previous breaches they remained in breach of regulations. This was in relation to the provision of care which reflected people's needs and preferences, and the oversight of the service.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.

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.

Is the service effective?

Requires Improvement ●

The service was not effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Requires Improvement ●

The service was not responsive.

Is the service well-led?

Requires Improvement ●

The service is not well-led.

Ordinary Living

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors 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

Service and service type

This service provides care and support to people living in 8 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were two registered managers in post.

Notice of inspection

We gave the service notice of the inspection. This was because the service is small, and we wanted to be sure there would be a manager available to support the inspection.

Inspection activity started on 12 January 2023 and ended on 23 January 2023. We visited the office location on 12 and 19 January 2023.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met with 8 people who used the service, the registered provider and 6 members of staff including the 2 registered managers. We spoke with a further 5 members of staff on the phone and 5 relatives. We received feedback from 6 external professionals.

We reviewed a range of records. This included 3 people's care records and 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including rotas, medicine administration records and policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to provide staff with appropriate guidance with regards to the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our previous inspection we found there was no guidance for staff on the actions to take if someone fell. At this inspection we saw protocols had been developed which outlined the action to take following a fall and in the event of anyone sustaining a head injury.
- There were risk assessments in place and these contained clearer guidance than found at our previous inspection. For example, one person's risk assessment stated staff should encourage them to use de-escalation techniques if they became distressed. These techniques were outlined within the assessment.
- Staff had identified when people's actions might impact on others and had taken steps to mitigate any associated risk. This was clearly documented in risk assessments and, where, necessary, capacity assessments had been completed and best interest processes followed.
- Staff were able to describe how they supported people in a way which reduced known risks while allowing the person to continue to be independent.

Using medicines safely

At our last inspection the provider had failed to establish systems to ensure the safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection staff competency to support people to take their medicines had not always been checked. At this inspection we saw that all staff had their competence checked in the last 6 months.
- At the last inspection, records were not in place to record if medicines given when required (PRN), had been effective. At this inspection we saw that staff had guidance about when a PRN medicine might be needed. Staff recorded when they had given this and why, and what effect the medicine had.

- Medicines were ordered, stored, administered, recorded and disposed of safely. Risks associated with people's medicines had been assessed.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.
- People were supported to be involved in their medicines processes if they wanted to be. How people like to take their medicines and their medicines support needs were recorded in their care plans.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. A safeguarding policy was in place, this had been updated since the previous inspection and contained contact details for the relevant safeguarding authorities.
- People told us they felt safe. Some staff had received training for low level physical intervention techniques and distraction techniques. This helped ensure people would be supported safely if they became distressed. Managers and staff told us they had not needed to restrain anyone.
- Relatives told us they were confident their family members were safe. Comments included; "Totally (safe), I have no worries" and "Very safe, we have no faults with the care at all. They look after him really well."

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and appointments.
- During the inspection we observed people were supported in line with their care plans. Relatives had no concerns about staffing levels. Comments included; "I've never known him even have anything cancelled" and "There has been the occasional time they were low on numbers but [Name] has never been left without support."
- Staff recruitment and induction training processes promoted safety. Recruitment checks were completed before new staff started work. For example references were taken up and Disclosure and Barring Service (DBS) checks completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely.

Learning lessons when things go wrong

- Systems to record and monitor accidents and incidents had been introduced following our previous inspection.
- Following any incident staff had a debriefing meeting with a manager to identify any learning or areas for 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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

- Systems to ensure people were supported to be part of decision making were not transparent. Although capacity assessments had been completed there was no evidence to indicate how people had been supported to be part of the process.
- The provider had not ensured staff had the specific skills and knowledge to effectively support the people receiving care from Ordinary Living. Staff had not completed training related to supporting autistic people or people with a learning disability.
- People were not encouraged to identify goals and aspirations. Where goals had been identified care records did not outline clear pathways for supporting people to achieve their aspirations and develop new skills.
- People had health actions plans in place outlining any specific health needs. One person's health action plan stated they regularly refused invasive treatments. The plan advised a desensitisation plan should be developed to support them to accept the treatment. This had not been completed which meant staff might not be consistent in their approach.

The failure to ensure care and support met people's needs and preferences contributed to a repeat breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Managers completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- One person was weighed weekly due to risks associated with their weight. Although staff assured us the person was regularly weighed no records could be located. This meant any changes in the person's weight might not have been identified.

The failure to maintain accurate and complete records contributed to a repeat breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection people were not supported to eat a healthy and varied diet and maintain a healthy lifestyle. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. For example, the service had worked with a dietician who had delivered training to the staff team on how to support people to follow a healthier diet.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. People living close to the service office, had access to a separate kitchen area where they could be supported individually to develop their cooking skills.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. They worked with families to help ensure a joined up approach to supporting people in this area.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. Staff were able to describe how they supported people to reduce any risks associated with eating.
- People were supported to attend annual health checks, screening and primary care services.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to work in line with the Mental Capacity Act. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- Capacity assessments had been completed to evidence when people were unable to make certain decisions.
- For people that had been assessed as lacking mental capacity for certain decisions, the best interest process had been followed involving relatives and other professionals, to ensure any decisions taken on the person's behalf were in their best interest.
- Since our previous inspection an appropriate policy in place in relation to the MCA had been put in place.
- An external healthcare professional commented; "Ordinary Living ensure [Name] is supported in their

placement in a least restrictive way."

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide staff with regular, up to date training. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Newly employed staff completed an induction before starting to work independently. This included reading care plans, completing some mandatory training and reading policies and procedures.
- Staff were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed training in a range of areas including health and safety, positive behaviour support and safeguarding. Training was also provided in areas relating to people's specific health needs such as epilepsy and diabetes.
- Following any untoward incident, managers held debriefing meetings with the staff involved and reflected on their practice to consider improvements in care.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff told us they felt well supported and were able to ask managers for advice and guidance when necessary.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were calm, focused and attentive to people's emotions and support needs. They were able to support people to communicate with the inspector, explaining how best to gain people's attention and engage with them.
- Feedback in relation to staff from relatives was positive. Comments included; "I see [Name] regularly and I would know if they weren't happy. They are so happy, happy to see but me happy to go back" and "[Staff name] is just such a lovely caring person."
- Staff had received training in Equality and Diversity since our previous inspection.

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

- People had keyworkers who had oversight of their care and support. Keyworker meetings were held regularly to gather people's opinion of the service. The registered managers were developing new ways to more effectively gather people's views.
- A relative told us their family member was supported by staff they knew and trusted. They explained; "[Name] loves the staff and has a certain favourite. They'll let him have that member of staff if they are on duty. It's part of [Name] and they understand that, they're just really accommodating."
- People were given time to listen, process information and respond to staff and other professionals.
- People were supported to access independent advocacy.
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us their family member was supported to be independent. One commented; "[Name's] got a life now and is living it!" And; "[Name] gets increasingly independent with the staff there as time goes by, they have to take it slowly but he's learning to do things safely now." An external professional commented; "[Staff] help [Name] to live a full and meaningful life."
- People were treated with respect. A relative told us; "[Name] needs a gentle push with hygiene every now and again and staff are respectful of [Name's] dignity when they do that."
- Staff knew when people needed their space and privacy and respected this.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection we found people were not being supported to set and achieve meaningful goals. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and there was a continued breach of regulation 9.

- Care plans did not reflect people's sensory needs.
- Care plans did not consistently record people's goals. Where goals had been recorded there were no clear pathways to support people to reach their goals or any information in relation to skills teaching.
- There was a lack of guidance on how to support people to maintain and increase their independence. For example, one care plan stated the person's aspiration for the future was 'to be as independent as possible.' There was no information about how this might be achieved.

The failure to provide care and support in line with people's needs and preferences was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The care planning system had been updated since the previous inspection. We found information about people's routines was more detailed and reflected individuals needs and preferences.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At our last inspection the provider had failed to support people according to their preferred communication styles. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of

regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's communication needs were not always met, most staff had not completed any communication training. We did not observe staff using visual or pictorial aids to support effective communication during our visits. One person's care plan stated they should have a board on their wall displaying pictures to help them understand what was likely to happen during the day and who would be supporting them. This board was not in place on either day of the inspection.
- A member of staff told us they felt training in Makaton would help facilitate their communication with one person in particular.

The failure to enable and support people to participate in decisions about their care contributed to the repeated breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported to participate in their chosen social and leisure interests on a regular basis. One external healthcare professional told us; "Tenants are provided with appropriate levels of support to access the things they like, rather than as groups."
- The service's office and most of the supported living accommodation was located at the end of a farm lane which led off from a busy road. Although shops and other amenities were relatively close by, people living at this location relied on staff to support them to leave their homes and go on trips out. Managers told us there were enough staff and vehicles available to ensure people were able to go out when they wanted.
- On both days of the inspection we observed people had been out with staff support. This included shopping trips, café trips and going out for walks. Relatives told us their family members were regularly supported to go out. One commented; "[Name] does get to do what they want. I'm not sure what they get up to in the week, but they are out and about."
- Some people had chosen not to drive out but had instead, taken walks round the immediate area where there was an established public footpath.
- One person was reluctant to leave their home and go into the nearby town. Staff told us they encouraged the person to take trips out for short periods.
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and this was available in people's homes. This had not been made available in an easy read format to support people's understanding.
- One of the registered managers oversaw all complaints to help ensure a consistent approach.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to effectively monitor, assess and drive improvements in the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Since our previous inspection some improvements had been made to help ensure the service was organised in line with the principles underpinning Right support, right care, right culture and the supported living model of care. However, these systems had not been fully embedded.
- The service's offices and most of the accommodation where people lived was based at the end of a private farm lane. There were no shops or other amenities within walking distance and no-one from outside of the service lived in the immediate vicinity. This meant there was a risk of a closed culture developing and people becoming socially isolated.
- Some members of the staff team were related to each other; this can also increase the risk of closed cultures developing. Although managers told us they arranged rotas so relatives did not work together there was no policy in place and no formal way of monitoring whether a closed culture had begun to develop at the service. During the inspection visit one of the registered managers developed an appropriate policy.
- Managers had recently started to monitor how often people were going out, or had the opportunity to go out, by regularly reviewing people's daily notes. The effectiveness of these audits was impacted by daily notes not being completed or not including sufficient detail. Several times the audit had recorded 'not mentioned' in relation to whether people had been out or had been asked if they would like to go out. This indicated the daily notes did not provide the information required to effectively oversee people's opportunities to access the community.
- There were no other audits in place to support managers to check the service was operating according to the statutory guidance laid out in Right support, right care, right culture. For example, there was no established system for checking people were leading good and meaningful everyday lives.
- An outbuilding adjacent to the office and accommodation was used by people for social gatherings. People and relatives valued this resource but there was no system in place to monitor whether alternative

options, such as using facilities in the local community, had been discussed with people. The provider told us, in the future, the building would mainly be used as a training venue.

- Staff recorded incidents and accidents, and these were audited to monitor the level of incidents. There was limited focus on identifying themes and patterns as part of the audit to enable actions to be taken to reduce the risks of reoccurrence.
- There was no system in place to record any use of restrictions on people's freedom. This meant there was no system in place for monitoring restrictive practices and opportunities to reduce them may have been missed.

The failure to effectively monitor, assess and drive improvements in the service was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our previous inspection some audits had been developed to help monitor the service. One audit had led to managers considering how to improve staff retention.
- Improvements to the management structure were being planned to help streamline oversight of the service and more clearly define the roles and responsibilities of the operations managers.
- A new audit had just been introduced to look at the service being delivered in each supported living house. Any identified areas for improvement would then be discussed at monthly manager meetings. The registered managers told us the new system would help them focus on individual settings more effectively.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Since our previous inspection the provider had reduced the number of people living close to the service's offices who were receiving personal care. This had reduced the risk of the service developing as a campus style setting and contrary to the principles of Right support, right care, right culture and the supported living model.
- The management team were visible in the service and staff told us they were approachable. One commented; [Operations manager] is usually there. If not there is on-call or [registered managers] can help."
- Staff told us they felt supported and valued by senior staff. One told us; "Communication is the key. After an incident managers always check you are OK, always supportive. Even [Provider] will text or email and ask if you are OK."
- Relatives told us staff gave honest information and suitable support. One told us; [Provider] will talk to me at any time.", and applied duty of candour where appropriate.
- At the time of our previous inspection there was no policy in place covering the duty of candour. At this inspection we found a policy had since been developed which outlined the providers responsibilities under the legislation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Consistency of support was important to people. People had core staff teams who knew people well and understood their needs. Each supported living setting was overseen on a day to day basis by a senior care worker with knowledge of the individual needs of the particular setting.
- A new system for gathering people's views was being developed. The registered manager overseeing this told us the forms used to collate people's views would be tailored to suit their needs. For example, some people would benefit from the use of pictures while others would find scoring scales more meaningful.
- People had key workers who oversaw how their care was delivered. Key worker meetings were used as an

opportunity to assess people's experience of the service.

- Staff meetings were held regularly. These were an opportunity to share information and give staff a platform for raising concerns and suggestions.

Working in partnership with others

- External healthcare professionals told us the managers were accessible and attended multi-disciplinary meetings when requested. Comments included; "The management team are accessible and supportive, I have the email contacts for them all and they always respond to me and are all contactable which is great" and "All professionals that need to be involved are kept in contact with. And communication is good between them, usually via email."

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
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People were not supported in line with their needs and preferences. People were not supported to participate in decisions about their care and support.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish systems to monitor, assess, and drive improvements in the service.</p>