Great Glens Facility Limited

Great Glens Facility

Inspection report

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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 24 February 2017 and was unannounced.

This was the second comprehensive inspection carried out at Great Glens Facility.

Great Glens Facility provides rehabilitation and personal care for up to 22 people who have long-term mental health needs. The facilities include 18 single rooms in the main building with a pair of two bedroomed houses allowing care on different levels to suit each stage of rehabilitation. There were 18 people using the service when we visited.

The service had a registered manager. They were not available on the day we visited. 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 and associated Regulations about how the service is run.

People had not been protected against the risks associated with unsafe or unsuitable premises and equipment. We found that many areas of the premises were unsafe and had not been regularly maintained and risk assessed to ensure people were safe.

We found there was a lack of management oversight of the environment and potential risks to people. Accidents and incidents were recorded, however they were not analysed for identified trends so that measures could be put in place to minimise further occurrence. In addition we found that quality assurance processes had not been used effectively to drive continuous improvement at the service.

Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were individual risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Staff received regular training that provided them with the knowledge and skills to meet people's needs. They were well supported by the registered manager and had regular one to one supervision and annual appraisals. Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation. People were supported by staff to access food and drink of their choice to promote healthy eating. Staff supported people to access healthcare services to maintain good health. .

People were treated with kindness and compassion by staff; and had established positive and caring relationships with them. People were able to express their views and to be involved in making decisions in relation to their care and support needs. Staff ensured people's privacy and dignity was promoted.

People's needs were assessed prior to them receiving a service. This ensured the care provided would be appropriate and able to fully meet their needs. People's care plans were updated on a regular basis or when there was a change to their care needs. People were supported to take part in meaningful activities and pursue hobbies and interests. The service had a complaints procedure to enable people to raise a complaint if the need arose, however this was not displayed within the service. We were told this would be addressed with immediate effect and made visible to people and visitors. .

There was a culture of openness and transparency at the service. Staff were positive about the management and leadership and felt supported in their roles.

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

People were being put at risk because the premises and equipment had not been adequately maintained or risk assessed.

Staff were aware of the different types of abuse and how to report any they witnessed or suspected.

There were individual risk managements plans in place to protect and promote people's safety.

There were adequate numbers of staff employed to meet people's needs.

Recruitment practices were robust and made sure staff were suitable to work at the service.

There were systems in place to ensure medicines were managed safely.

Is the service effective?

Good

The service was effective

People were looked after by staff who were trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

Staff supported people to eat and drink and to maintain a balanced diet.

People were supported to access healthcare services if needed.

Is the service caring?

Good

The service was caring

People and staff had developed caring and positive

relationships.

Staff enabled people to express their views and to be involved in decisions about their care and support.

Staff ensured people's privacy and dignity was promoted.

Is the service responsive?

Good

The service was responsive

People's needs were assessed prior to them receiving a service.

People had a choice about their daily routine and any activities they chose to do were flexible, so they had control over their lives.

There was a complaints policy in place so people could raise any concerns they might have.

Is the service well-led?

Requires Improvement

The service was not always well-led

We found there was a lack of management oversight of the environment and the potential risks to people.

Quality assurance systems were not used effectively to drive continuous improvement at the service.

People, their relatives and staff were positive about the way the service was managed.

Staff felt supported by the management team and said they were approachable with an open door policy.

Great Glens Facility

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.'

We carried out an unannounced comprehensive inspection at Great Glens Facility 24 February 2017. The inspection was undertaken by one inspector 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. They supported us during this inspection by talking with people who use the service and their relatives. In addition they observed interactions between staff and people using the service.

Before the inspection we looked at information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the Clinical Commissioning Group who has a quality monitoring role with the service.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people and also observed how they were supported during the mid-day meal.

We spoke with nine people who use the service and one relative. We also had discussions with seven members of staff including the deputy manager, the estates manager and five support workers. In addition we spoke with one visitor to the service who was there providing clinical support to a staff member.

We looked at six people's care files to see if their records were accurate and reflected their current needs. We reviewed five staff recruitment files, staff duty rotas, training records and further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

Requires Improvement

Is the service safe?

Our findings

The premises and equipment had not been adequately maintained or risk assessed to keep people safe. We found that in three areas around the service the emergency cord was tied up to half its length. This meant they could not be reached from the floor in the event of a fall. We discussed with the deputy manager who ensured these were untied in the communal areas.

In the two supported living units two of the emergency call bells had been tied up and stuck down with sellotape by people using the service. One person living there told us this was because they set the alarm off every time they reached for a towel. They explained this was because the emergency cords were sited above a set of shelves rather than over the floor or near the shower where a fall was more likely to occur. We brought this to the attention of the deputy manager who told us they would arrange for the call bells to be re-sited to a more appropriate place.

In one of the two supported living flats there was a loft hatch door lying on the landing and the loft space was open to the roof void. One person told us, "It's been like that for around eight days. We brought this to the attention of the deputy manager who told us they would ensure this was addressed straight away and contacted their maintenance person.

The communal lawn in the garden behind the main service had a shed in it containing: paint, white spirit, a lawn mower and numerous sharp garden tools. There was no door on the front of the shed leaving this accessible to people who use the service. We mentioned this to the estates manager who arranged for the contents to be emptied while we were at the service.

In the car park at the front of the building there was an unsafe wall that was leaning forward representing a potential risk to people, visitors and their vehicles. There was also an old wardrobe and planks of broken woods with nails in lying on the floor of the car park. When we brought this to the attention of the deputy manager and estates manager they arranged for the immediate area to be cordoned off.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the people using the service said they felt safe at living at the service. One person told us they felt safe because, "staff notice when I am becoming unwell." They explained further and told us about a time when they had chosen to self-manage their medication and then stopped taking it. They said, "The staff noticed I was ill and took me to see the psychiatrist. I'd only stopped taking them for a few days but I got really poorly; staff took me to see my psychiatrist 3 times a week and this stopped me having to go back into hospital."

Another person commented, "I feel safe generally, yeah but my paranoia makes me feel scared and unsafe. I will hear whispering in the night. But staff reassure me and make me feel safe." A relative informed us, "[Name of relative] is much safer here than he was living at home. I think we both have peace of mind now."

Staff demonstrated a clear understanding of the signs they would look for, and explained the action they would take if they thought someone was at risk of abuse. They were confident that any allegations would be fully investigated by the registered manager. One member of staff said, "We are here for people, it is our duty to look after them, so anything that needs reporting is done." We found that staff had attended training on protecting people from abuse, and the staff training records we reviewed confirmed this. We saw evidence that when required the registered manager submitted safeguarding alerts to the local safeguarding team to be investigated.

People told us they were supported to take some risks in relation to their rehabilitation. For example, people were encouraged to go shopping for their food, use local transport independently, self-administer their own medicines and cook their own meals.

Staff said that risk assessments were an important part of keeping people safe, especially when used in conjunction with support plans. One member of staff told us, "We have risk assessments in place for all sorts of things, but mainly they are to keep people well, especially their mental health and to keep them safe." A second staff member told us about a financial risk assessment drawn up with the person using the service so that they were not tempted to buy alcohol which had a detrimental effect on their physical and mental health. This had proved to be successful and the person involved had made good progress.

We looked at risk management plans in place for six people using the service. We saw that each person had a summary of known risks. If there were indicators that the risk to the person was higher than low, then a risk assessment had been developed. All the risk assessments we looked were comprehensive and gave detailed guidance for staff to follow. There was also a risk management summary for each person. This gave a quick overview about people's risk management plans and included preventative measures, avoidance measures and current guidelines. We also saw recorded in each plan, recognised 'at risk' signs that would alert staff if people's behaviours had changed or if they were displaying symptoms of a mental health condition.

This showed that systems were in place to ensure people's support and treatment was provided in a safe way, because potential risks to people had been identified and actions taken to minimise the risk to people using the service.

We found that staff had been recruited safely into the service. One staff member said, "New staff have to wait of before all their checks come back before they can start work here." Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS).This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show that staff were suitable to work with vulnerable people.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. On the day of our visit there were six staff on duty. A relative informed us, "There are always plenty of staff around. You never have to go looking for them." Staff confirmed that the staffing numbers were adequate; and enabled them to support people safely. A staff member told us, "I never feel under pressure. I think the staffing numbers are okay."

The deputy manager told us that there was no one who currently required two staff members to help with their personal care. If they did the service would employ a further member of staff. We saw that people's needs were responded to in a timely manner and they took time to spend as long as they needed with people. We also saw that people were supported on a one to one basis with everyday living skills such as

shopping and food preparation.

We looked at the staff duty rota for the current month. The recorded staffing levels were consistent with those as described by the deputy manager and the staff we spoke with. At the time of our inspection we judged staffing levels across the service to be sufficient to meet people's needs.

People received their medication on time. One person said, "They help me to take my tablets." We saw one person who was being supported to administer their own insulin and this was done in a private area to provide the person with some privacy.

The level of support people required with medicines varied, some required minimal prompting and some more support and guidance. Records confirmed that staff had received the required training to ensure they delivered safe care. Staff told us they always signed the medication administration records (MAR) after giving medication. We looked at the MAR charts for everyone using the service and noted that there were no gaps or omissions. The correct codes had been used and when medication had not been administered, the reasons were recorded.

Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed and records we looked at confirmed this.

Good

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. People told us that staff were good at recognising deteriorations in their mental health and reported that staff took them to health appointments regularly. Two people told us that after a period of hospitalisation they had both requested to return to the unit after being given a choice of places for rehabilitation. One person said "It's really excelled. I feel wanted and I can't fault the place."

Staff told us they had received an induction and this was beneficial in giving them experience of the work and how to meet people's rehabilitation needs. In addition they worked alongside more experienced staff until they felt competent to work alone. Staff told us this helped them to understand people's needs and to get to know them. Records confirmed that all new staff received induction training, which included training on health and safety, fire safety, moving and handling and safeguarding, along with relevant training to ensure that they could meet people's assessed needs.

Staff told us they had access to a regular training programme which they felt was very useful in helping them keep up to date. They confirmed that they had a range of training relevant to the people they cared for such as, schizophrenia training, promoting independence, reflective practice and therapeutic relationships One staff member told us, "We have boatloads of training." Training records we looked at confirmed that staff had received appropriate training to meet people's assessed needs.

Staff also told us they received regular supervision and attended frequent staff meetings. Records we examined confirmed this. One staff member said, "The staff team and registered manager are brilliant, we help each other and are really supportive."

People told us that staff always gained their consent before providing them with any care and support and our observations confirmed this. One person said, "They always ask me, even if they know I don't mind." Staff told us that they obtained people's consent before assisting them with personal care and knew that people had the right to refuse or accept their support. In the care plans we examined we found that people had signed an agreement for staff to support them with their personal care and to assist them with their medicines.

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. We saw evidence within people's care plans that mental capacity assessments had

been carried out along with best interests meetings when required. We saw records that staff had undertaken training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and found that they had a good understanding of the act and people's capacity to consent.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. One person said, "I enjoy the food here, it is nice to sit together." A relative commented, "[Name of relative] tells me the food is very good. He seems to enjoy it and says he gets more than enough."

There was a main kitchen which provided people with a choice of two main meals or an alternative if they wished. There was also a small kitchen area on the first floor where people could be supported to cook their own meals if they chose to. Staff also supported people who were living in the houses to prepare and cook their meals as part of their rehabilitation goals.

Tea and cold drinks were freely available on a self-service basis throughout the day in small kitchenette areas. . People told us that there was no coffee provided by the service. Staff said that people could buy their own coffee and store it in the larger kitchen. It was difficult to determine why this decision had been made but several people told us they thought it was due to cost. The deputy manager informed us it was because people kept taking the coffee back to their rooms making it difficult to keep a supply available in the kitchenette areas. We saw that people had access to a large kitchen which opened until 12am. Staff told us that people liked to help with cooking, for example making pizzas on a Friday night.

We observed that people's care records contained details of their dietary likes and dislikes. If people had difficulty with food and fluid intake they were closely monitored. Within the care plans we examined we saw that there was information on people's dietary needs, which included food allergies. This demonstrated that staff were fully aware of people's food preferences and any allergies that they may have. Records demonstrated that people were weighed as needed and nutritional screening was reviewed monthly or when changes occurred.

People confirmed that their health care appointments and health care needs were managed by staff. We spoke with one relative who had supported their family member to a healthcare appointment on the day of our visit. They told us, "They are very good at arranging [name of relative] health appointments. They always let me know so I can go with him."

Staff told us they were available to support people to access healthcare appointments if needed and we found that they liaised with health and social care professionals involved in people's care if their health or support needs changed. The deputy manager told us that if staff were concerned about a person, they would support them by contacting the person's doctor or psychiatrist. Where people had seen health professionals and the advice had an impact upon the care package, care had been reviewed to ensure that it met people's assessed needs.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day-to-day care. All the people we spoke with said they felt cared for at the service. Three people we spoke with told us they had chosen to return to the service after time spent in other facilities and they said they had been living there for many years. One person informed us that he had lived there for 13 years and this was because he felt well cared for.

One person explained that she felt the service was caring. She said, "It's homely and friendly here and I can tell the staff about all of my problems." Another person told us, they felt there was a caring atmosphere. They explained, "I feel settled in and the staff always acknowledge you." A relative told us, "The staff are very kind and want the best for people."

Staff were also positive about the service and the relationships they had developed with people. One staff member told us, "I love working here. You see people getting better and being able to manage their conditions." Another member of staff said, "I get real job satisfaction." A staff member told us that she had applied for a job after a person using the service; who she knew from a previous workplace; went to live at Great Glens Facility and had told her that he felt very cared for there. She said she thought that if [name of person] was happy there it would be somewhere where people were well cared for. She said she enjoyed her job and as a result would be increasing her hours soon.

We observed staff communicating positively with people throughout our inspection and there were good interactions with staff consistently taking care to ask permission before assisting people. We found there was a high level of engagement between people and staff. This resulted in people feeling empowered to express their views. For example, we saw that one person liked to get up at midday and staff respected the person's wishes. We also saw another person looking through photographs and the staff member encouraging them to talk about the people in the photographs. This then led onto conversations about clothes and their favourite Sunday roasts.

It was evident that staff had the skills and experience to manage situations as they arose and provided care to a high standard. For example, we saw that one person using the service became anxious about an appointment. The staff member approached the person and spent the time necessary to reduce their anxiety levels. This showed that staff supported people to communicate their needs and respected their wishes.

People were involved in the planning for their individual care needs and how staff could best meet them. They explained that they felt involved and supported in making decisions about their care and treatment and were always listened to when they contributed an idea. One person said, "I am able to tell the carers what I want. I can speak for myself and I'm able to make my own decisions." It was apparent from our discussions and observations that people were given the information they needed to make required changes to their package of care, or discuss any issues that they had. We saw that staff used a white board to communicate with a person with hearing loss who didn't use sign language. We saw this was used to

good effect and communication was effective.

Staff told us that they regularly referred people to advocacy services. They cited the example of a person who often became distressed when they visited their psychiatrist because they did not think the psychiatrist was listening to them. They referred them to an advocate and this alleviated the emotional upset the appointments caused him. At the time of this inspection there was one person using the services of an advocate. There were leaflets from several advocacy services displayed on notice boards around the home.

There was a cat living at the service and people talked about her with great affection. Another person told us that she was getting a pet budgie and told us she was very happy about being able to do this. .

Although there was no spiritual space at the service, people were encouraged by staff to express their spirituality. Whilst we were visiting two people, we saw they were reading the bible and praying. A member of staff told us that there had previously been a person who followed the Hindu faith and staff had supported them to set up a religious shrine in their room. In addition the service had liaised with suppliers to ensure they had culturally appropriate food delivered. This meant that people were enabled to follow their faith and worship together if they wished.

Staff understood how to support people with dignity and they respected them. People told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person informed us, "I feel like I have some degree of control over my life because I'm taken seriously and respected by the carers." A relative told us they were confident that the staff treated their relative with dignity. They said, "The staff are very respectful and always speak to both of us with total respect."

Staff were able to demonstrate how they ensured that people's privacy and dignity were preserved. One staff member said, "I always talk to people how I would want to be spoken to. With respect." The deputy manager confirmed that staff respected people's dignity and that privacy and people's rights were important to them. Records showed that this approach was reflected in people's care plans and that these areas had been covered in staff induction and on-going training.

People felt assured that information about them was treated confidentially and respected by staff. One relative said, "I do believe the staff respect people's confidentiality. I have never seen or heard anything to the contrary." We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Good

Is the service responsive?

Our findings

People told us that they received good care and the staff were knowledgeable about their support needs. One person said, "The staff do a good job of managing our different needs. The carers look after me." A relative said, "[Name of person] does get good care. He has made a lot of progress and is managing well thanks to the support he gets from the carers."

People told us that staff promoted their independence and encouraged them to have their say about how their care was provided. People told us that staff spent time with them before they were admitted to the service to identify their care needs, preferences and future wishes. One person told us, "I am involved and have a say." A relative said, "Communication is good. They have kept me informed and involved. [Name of relative] has benefited from living here. He now has structure; he's much happier and has become more sociable."

We saw that assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. One relative told us, "When [name of relative] first came here he had a lot of difficulties. The staff have worked hard with him and changed how he needs support as he's changed." We could see that people, and where appropriate, their family were involved in the care planning process which meant their views were also represented. We saw that promoting independence were key factors in how care and support was planned and delivered. For example, records showed that people could take part in activities they wanted, could choose when to get up or go to bed and could choose what they wanted to have for their meals.

Within the care plans we saw information about people's personal history, background and preferences. This ensured that the care provided focussed on people's individual needs. Staff told us each plan was tailored to address any identified areas of need and to play to each person's strengths, ensuring optimum progress along the rehabilitation pathway and therefore the support to grow and achieve positive outcomes. We saw evidence that the care plans were reviewed monthly or as and when people's needs changed. The care plans were signed by people or their relatives to confirm their involvement in their development. The deputy manager told us that any changes in people's needs were passed on to staff through daily handovers. This ensured that information on people's needs was current so staff could deliver appropriate care.

The service was designed to be supportive of people on their journey through the rehabilitation pathway. It catered for a range of people with a variety of complex needs and had access to services to meet short term and long term needs. All the staff we spoke with were keen to highlight what they considered to be their success stories and were all keen to state that no matter how small something was, it should be considered as a major and significant milestone for someone. For example, staff told us of many examples where people had met their objectives and had reached their maximum potential. This included people becoming more independent with everyday living skills to the point that some people had moved on to more independent living.

However we did talk with one person who had recently been discharged from hospital. They felt they needed a frame around the toilet to support them and said they were struggling to shower. because they weren't able to get into their ensuite shower due to the lip on the cubicle. The person had suffered a spinal injury but had not been assessed by an occupational therapist in the community since they were discharged back to the service. We discussed this with the deputy manager who agreed to provide the person with a frame for the toilet and to make a referral to a community Occupational therapist as soon as possible.

Staff supported people to maintain their hobbies and interests. One person who enjoyed cooking showed us the number of recipes he had learned to cook, which staff had typed up for him. He said he struggled to read but staff had shown him how to make the recipes and this had also helped his reading skills. We witnessed a meaningful conversation between him and a staff member where they discussed slow cooker recipes.

There was a piano in the dining room and a computer with internet access which we observed people using during our visit. There were also games and art materials placed around the dining and lounge areas and we saw people using these throughout our visit.

Although several of the people living at the service had lost touch with their relatives, three of the people we spoke with saw their family members regularly and told us there were no restrictions on visiting. One person told us that a family member picked him up once a week and another was driven by staff regularly to visit their family member who also lived in a residential home. This meant that people were supported to maintain relationships and family ties that were important to them.

It was evident that people were protected from the risk of social isolation because staff supported them to engage in activities either at the service or in the local community. People were supported to go into town, take part in personal shopping trips, visits to the gym, film evenings and some people attended day care centres.

People told us that they were able to complain if they felt they needed to and said they would talk with the registered manager or deputy manager. One person told us, "I know how to make a complaint and I have complained in the past."

Staff explained how they would respond to complaints. Some of the staff told us that they would pass concerns to a senior member of staff. The senior staff told us that they would act straight away if the concern could be resolved quickly. A more complex or serious complaint would be reported to the registered manager and recorded in the service's complaint log. We saw that there had not been any complaints received by the service for the last 12 months.

The complaints procedure was not displayed in the service or at the flats and we did not see any literature around the service. The deputy manager said she would put a copy up in communal areas so it was visible to people and visitors. .

Requires Improvement

Is the service well-led?

Our findings

We found there was a lack of management oversight of the environment and potential risks to people. Areas of risk at the service had not been identified and addressed in a timely manner to reduce any risks to people, staff and visitors to the service. In addition we were unable to find any completed environmental audits that could identify risks at the premises so they could be rectified swiftly. We also found that risk assessments in relation to the environment had not identified the areas of concern that we found during this inspection.

The deputy manager told us that accidents and incidents were recorded, however they were not analysed for identified trends. This meant that measures were not put in place against identified risks to minimise further occurrence.

We saw that some audits had not been used effectively. For example we saw that there was a medication audit which identified numerous gaps on the Medication Administration Records (MAR). However, there was no action plan in place to demonstrate how this had been addressed. In addition there was an infection control audit that had not been completed.

The deputy manager showed us the results of a recent survey, however there was no action plan in place to demonstrate how any areas of concern raised were addressed to drive continuous improvement at the service.

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

Staff told us there was a positive and open culture at the service. One staff member said, "I feel supported. The manager has an open door policy." Another staff member said, "I enjoy working here. The staff team are very supportive. Other staff made similar positive comments. We found that regular staff meetings took place and suggestions made by staff were acted on.

Staff told us they understood their responsibilities to report any care concerns or poor practice through the whistleblowing procedure. They were confident that the registered manager would take the appropriate action to ensure they were dealt with. The deputy manager told us that people were supported to live an active life as much as their physical and mental condition allowed them to. We saw that this was underpinned with best practice and staff supported people to undertake essential everyday living skills such as cooking, using public transport and cooking.

The service had introduced a system of key performance indicators (KPI) to judge the performance of the staff team. A focus was placed on performance indicators that relate to outcomes for people using the service. The deputy manager told us, "The staff are asked to complete sustainable pieces of work that go towards the staff KPI's and we do this every year." The deputy manager also told us that the service practices peer appraisals where five staff members are asked to provide feedback for the staff member being appraised. Records we saw confirmed this took place. On the day of our visit the deputy manager was

receiving supervision from an independent mentor. The mentor told us that sometimes the registered manager also joins the supervision sessions so that ideas or good practice suggestions can be shared.

People and their relatives told us they were asked to provide feedback on the quality of the care provided. We saw a 2016 survey of people's satisfaction with the service was displayed on the notice board. Levels of satisfaction with the service were high. The deputy manager told us that the service used to hold regular meetings with people who use the service but they used to cause distress to some people so a decision was made to stop them. However, people told us that recent meeting had been held about changes to the menu and people requested a different style of food which according to one person will be "like Jenny's café: fast but home-style cooking." All the people we spoke with expressed satisfaction with the menu changes and the way in which they had been consulted about them.

We saw that the registered manager understood his responsibilities of his registration. We saw that he reported significant events to us, in accordance with the requirements of her registration.

We saw a four year rolling programme of redecoration which the estates manager said she had recently drawn up. Some of the work had already been completed, for example,

The service had systems in place to monitor the quality of the care provided and the estates manager had implemented some new audits which were new and needed to be embedded in to staff practice. For example we saw that an infection control audit was underway; health and safety, care records, mental capacity assessments had also been completed. Where areas were identified as requiring improvement we saw that actions had been taken to address the issues.

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 Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People were being put at risk because equipment and the premises had not been adequately maintained or risk assessed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of management oversight of the environment and the potential risks to people. Quality assurance systems were not used effectively to drive continuous improvement at the service.