

Mrs Sharyn Deidre Buss

Mrs Sharyn Deidre Buss - 26 Seabrook Road

Inspection report

26 Seabrook Road
Hythe
Kent
CT21 5NA
Tel: 01303 266453
Website:

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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



Overall summary

The inspection took place on 11 May 2015, and was an announced inspection. The provider was given 48 hours' notice of the inspection. The previous inspection on 4 July 2013 found that there no breaches in the legal requirements.

The service is registered to provide accommodation and personal care to three people who have a learning disability. There were no vacancies at the time of the

inspection. The service is a semi-detached house, which stands back a little from a busy road. It is not suitable for those with physical mobility problems. Hythe town centre and a bus stop are within easy walking distance. There is limited on street parking. Each person has a single room and there is a communal bathroom, kitchen/diner, lounge and conservatory. There is an accessible garden with a paved seating area at the back of the house.

Summary of findings

The service does not require a registered manager as the provider manages this service and another owned by her locally. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider was not present during the inspection as they were on leave and in their absence the deputy manager was present.

People had lived in the service for many years and were involved in the planning of their care and support. Care plans contained information about people's wishes and preferences and used pictures and photographs to make them more meaningful. However they did not detail people's skills in relation to tasks and what help they may require from staff, in order that their independence was fully promoted. People had regular reviews of their care and support where they were able to discuss any concerns or aspirations. Risks were assessed and people were encouraged to participate in household tasks and access the community safely.

People benefited from living in an environment and using equipment that was well maintained. People's needs were such that they did not need any special equipment. There were records to show that equipment and the premises received regular checks and servicing. Work was on-going to maintain the environment both inside and out. People freely accessed the service and spent time where they chose.

New staff underwent an induction programme and shadowing experienced staff, until staff were competent to work on their own. Staff training included courses relevant to the needs of people supported by the service. Staff had opportunities for one to one meetings, staff meetings and appraisals, to enable them to carry out their duties effectively.

People felt safe in the service and out with staff. The service had safeguarding procedures in place and most staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns.

People had their needs met by sufficient numbers of staff. Rotas were based on people's need and activities. People received care and support from a very small team of long standing staff. Both the provider and the deputy manager worked on rota alongside staff.

People were protected by robust recruitment procedures. Staff files contained the required information.

People were happy with the service they received. They felt staff had the right skills and experience to meet their needs. People felt staff were very kind.

People told us their consent was gained through discussions with staff. People were supported to make their own decisions and choices and these were respected by staff. Staff understood their responsibility under the Mental Capacity Act (MC) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People were in very good health and supported to attend appointments and check-ups, such as doctors, dentist and opticians.

People had access to adequate food and drink. They liked the food and enjoyed their meals. People were involved in the planning and preparation of meals. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

People felt staff were very caring. People were relaxed in staff's company and staff listened and acted on what they said. People said they were treated with dignity and respect and their privacy was respected. Staff were kind in their approach and knew people and their support needs very well.

People had a varied programme of leisure activities in place, which they had chosen to help ensure they were not socially isolated. Staff knew people well and what activities they enjoyed as individuals. One person preferred outdoor physical activities and another person preferred indoor and cosying down in front of the television watching a movie and these were accommodated.

Summary of findings

People told us they received person centred care that was individual to them. They felt staff understood their specific needs. Most staff had worked at the service for some considerable time and had built up relationships with people and were familiar with their life stories and preferences. This continuity had resulted in the building of people's confidence to enable them to make more choice and decision themselves. People's individual cultural and religious needs were met.

People felt comfortable in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided both informally and formally. Feedback received had all been very positive.

People felt the service was well-led. The provider adopted an open door policy and worked alongside staff. They took action to address any concerns or issues straightaway to help ensure the service ran smoothly. Staff felt the provider motivated them and the staff team.

The provider had a philosophy, which included providing a framework to enable people to maximise their potential, provide care to a high standard and maintain people's happiness and their dignity. Staff were very aware of these and they were followed through into practice.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were sufficient staff to meet people's needs and support their chosen activities.

Robust recruitment procedures were in place to keep people safe.

Risk associated with people's care and support had been assessed and guidance was in place to keep people safe.

Good



Is the service effective?

The service was effective. Staff received induction and training relevant to their role. Staff were supported and received regular meetings with their manager.

People received care and support from a very small team of staff who knew people well. People were supported to maintain good health and attended regular health appointments to maintain their health.

Staff understood that people should make their own decisions and followed the correct process when this was not possible.

Good



Is the service caring?

The service was caring. People were treated with dignity and respect and staff adopted an inclusive, kind and caring approach.

People were relaxed in the company of staff and people were listened to by staff who acted on what they said.

Staff supported people to maintain and develop their independence.

Good



Is the service responsive?

The service was not always responsive. Care plans reflected people's preferences, but did not detail what people could do for themselves and what help they required from staff, in order to fully promote their independence.

People felt comfortable if they needed to complain, but did not have any concerns. People had opportunities to provide feedback about the service they received.

People had a varied programme of activities and were not socially isolated and staff supported people to access the community.

Requires improvement



Is the service well-led?

The service was not always well-led.

The level of detail in care plans was not always sufficient, some documents were not dated and some information was out of date.

Requires improvement



Summary of findings

Staff were aware of the provider's philosophy and this was followed through into their practice.

The provider worked alongside staff, which meant any issues were resolved as they occurred and helped ensured the service ran smoothly.

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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.

This inspection took place on 11 May 2015 and was announced with 48 hours' notice. The inspection was announced because for the majority of the time people are out and about in the community and the service is not staffed when no one is at home. The inspection was carried out by one inspector as only three people were living at the service. Due to the small size of the service it was not appropriate for the inspection to include more people on the inspection team.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. Prior to the inspection we reviewed this information, and we looked at previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with two people who used the service. We spoke with the deputy manager, as the provider was on leave at the time of the inspection, and one other staff member.

We observed staff carrying out their duties, communicating and interacting with people. We reviewed people's records and a variety of documents. These included two people's care plans and risk assessments, one staff recruitment file, the staff induction records, training and supervision records, staff rotas and quality assurance surveys.

After the inspection we contacted one social care professional who had had recent contact with the service and received feedback from them.

We contacted two relatives of people living at 26 Seabrook Road by telephone to gain their views and feedback on the service provided.

Is the service safe?

Our findings

People told us they felt safe living at 26 Seabrook Road and would speak with a staff member if they were unhappy. Relatives also confirmed that they felt their family members were safe living at 26 Seabrook Road. During the inspection the atmosphere was happy and relaxed. There were good interactions between staff and people with people relaxed in the company of staff. Staff were patient and people were able to make their needs known. Most staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate. Staff were familiar with the process to follow if any abuse was suspected in the service; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

People benefited from living in an environment and using equipment that was well maintained. People's needs were such that they did not need any special equipment. There were records to show that equipment and the premises received regular checks and servicing, such as checks of the smoke detectors and regular fire drills. During the inspection the outside of the building was being repaired and repainted. Staff told us following this, the inside of the building, such as the hallway and stairs, which was showing signs of wear and tear, was to be redecorated. Staff talked about recent works that had been undertaken. For example, the patio had been relaid, the bathroom redecorated and a new washing machine and tumble dryer had been purchased. Relatives told us that equipment and the premises were well maintained and always in good working order.

Accident and incidents had been previously reported and recorded. There had been no accidents in the last 12 months. There was a clear written accident procedure in place and staff demonstrated in discussions that they knew what action to take should an accident occur, in order to keep people safe.

Risks associated with people's care and support had been assessed and procedures were in place to keep people safe. These enabled people to be as independent as possible and access the community. For example, crossing the road, cooking and helping with household chores.

The provider had systems in place to deal with emergencies. For example, staff told that if there was bad weather most staff lived locally and could walk into work so that people's care and support would not be disrupted. The provider also lived close by.

People had their needs met by sufficient numbers of staff. People and staff felt there were sufficient numbers of staff on duty. Staffing numbers were calculated based on people's chosen activities and needs. During the inspection staff were responsive to people and were not rushed in their responses. During the day when people were engaged in activities at local centres there were no staff on duty, although the provider and deputy manager were on call. Both the deputy manager and the provider worked across two services owned by the provider, 26 Seabrook Road and another. They worked in a managerial role as well as covering the rota. There were two staff on duty 7.30am to 9.30am and then again when people returned from the centres at 3.30pm to 6.30pm. After 6.30pm staffing reduced to one and this staff member slept on the premises. At weekends staffing was a minimum of one, but could at times increase to two depending on people's activities. There was an on-call system covered by the provider and deputy manager. The service used existing staff to fill any gaps in the rota.

People were protected by robust recruitment procedures. One member of staff had been recruited since the last inspection. Recruitment records included all the required information. This included an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken (these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people), proof of the person's identity and evidence of their conduct in previous employments. Staff undertook an induction programme and were on probation for the first six months.

People were not prescribed and did not take any medicines, therefore medicines management was not assessed during this inspection.

Is the service effective?

Our findings

People told us they were “happy” and “liked” living at 26 Seabrook Road. This was also reflected in quality assurance surveys people had completed. Relatives were satisfied with the care and support their family member received. A social care professional felt staff had a good understanding and knowledge of people and their care and support needs. People reacted or chatted to staff positively when they were supporting them with their daily routines.

Care plans ‘All about me’ were put together using photographs, words, symbols and pictures. They contained information about how each person communicated and this was reflected during the inspection. Staff were patient and not only acted on people's verbal communication, but their facial expressional, noises and gestures. Staff also used pictures and photographs to communicate and enable people to make informed choices.

Staff understood their roles and responsibilities. Staff had completed an induction programme, which had been developed to include specific training about supporting each individual who lived in the service. Induction included reading, orientation, shadowing experienced staff and then attending training courses. All staff had a six month probation period to assess their skills and performance in the role. Staff received refresher training periodically. This included health and safety, fire safety awareness, first aid awareness, infection control and basic food hygiene. Staff told us they were there were some minor gaps in training and courses were booked or being booked to address these shortfalls. Some specialist training was provided, such as training on autistic spectrum disorder. Staff felt the training they received was adequate for their role and in order to meet people's needs. Four staff had obtained a National Vocational Qualification (NVQ) at level 2 or above. NVQs are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us they had opportunities to discuss their learning and development in regular one to one meetings with their manager, as well as group meetings and an annual appraisal. Staff meetings were joint meetings with staff from the other service owned by the provider. Staff said they felt very well supported.

People told us their consent was gained, by themselves and staff talking through their care and support. People said they were offered choices, such as when to go to bed, what to eat or drink and what clothes to wear. People had different views on what type of clothes they liked to wear and this was respected by staff. In the last quality assurance survey people had said that staff ‘always’ supported them in making decisions. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Most staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. No DoLS authorisations were in place and people had consented to live and receive support at the service. Staff talked about when a best interest decision had been made regarding a person receiving dental treatment. The decision had involved the individual, their family, staff, the care manager and the dentist.

People had access to adequate food and drink. Staff told us no one was at risk of poor nutrition and no one required support to eat or drink. People told us the food was “nice”, they liked all the meals and they were involved in helping to choose them. On the day of the inspection when people returned from their activities they had a drink of their choice and they were talking positively about the meal being prepared as spaghetti bolognese was definitely a favourite with them. One person later told us they had been helping to prepare the onions. People had a varied diet, which was encouraged by using pictures and photographs. People told us they were asked their preferences for the evening meal before they went out to their activities in the morning. Staff were very aware of people's likes and dislikes and told us sometimes meals were adapted to suit these preferences. For example, one person liked a particular meal topped with onions and another person liked this topped with plenty of cheese. One person had some specific dietary requirements based on their religion and this was catered for. Staff told us when people eat out if they chose to have a restricted food according to their religion this was respected and this freedom of choice was confirmed by people in the last quality assurance survey.

Is the service effective?

People's weight was monitored and a healthy diet was encouraged by staff. Health professionals had previously been involved in the assessment of one person's nutritional needs. Recommendations they had made had been followed through into practice with good outcomes and now the person simply followed a healthy eating diet.

People's health care needs were met. People told us they had access to appointments and check-ups with dentists, doctors, the nurse and opticians. People attended clinics, such as the well-woman clinic, as a proactive way of maintaining good health. People told us that if they were not well staff supported them to go to the doctor, although

records showed people were extremely fit and healthy. Staff told us they knew people and their needs very well and would immediately know if someone was not well. Relatives told us that any health concerns were acted on. One person had a specific medical condition and information about this was available within their care plan to inform and help staff understand the person's health needs. Staff demonstrated in discussions they understood how this condition impacted on the individual and how activities were adapted to meet their needs. For example, they could not walk long distances.

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People said they “liked all the staff”; they told us staff were kind and caring. People had confirmed, during the last quality assurance questionnaire they had completed, that staff ‘listened to them’, they were ‘always’ happy with the staff who supported them, and the help staff gave them was ‘always’ kindly and sensitive. During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily using either verbal communication or noises and gestures. Relatives were very complimentary about the staff.

People confirmed that they were able to get up and go to bed as they wished. People were able to choose where they spent their time. During the inspection people accessed the house as they chose. For example, two people spent time in the kitchen/diner with staff. One was involved in household chores and another was writing. The third person chose to spend time in their own room. There were several areas where people were able to spend time, such as the garden, conservatory, lounge or their own room, which was decorated to their choice. People said they had their privacy respected. They told us staff knocked on doors and asked if they could come in before entering. One person talked about their bedroom and how proud they were of it. They took pride in ensuring it was always neat and tidy. Bedrooms were individual and reflected people’s hobbies and interests.

People’s care plans contained details of people who were important to them, such as family members. This included dates and addresses so they could be reminded to send a birthday card. During the inspection it was apparent that people respected each other and close friendships had grown between them. One person talked about how they had given another person a book that they thought they would enjoy. People’s family and friends were able to visit at any time, which was confirmed by relatives. One person had chosen to have a friend visit each week that they had met at a local centre and they stayed for tea or a meal.

During the inspection staff talked about and treated people in a respectful manner. The staff team was small, but long standing team with many working years for the provider,

enabling continuity and a consistent approach by staff to support people. Relatives told us that people’s privacy and dignity was always respected. A social care professional told us that people were treated with dignity and respect. Records were individual to ensure confidentiality and held securely. In the last quality assurance survey people said staff ‘always’ kept things confidential.

Staff felt the care and support provided was person centred and individual to each person. People felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories and preferences. Care plans contained details of people’s preferences and life stories. During the inspection staff talked about people in a caring and meaningful way. Staff intervened during the inspection appropriately when we were speaking with people if they felt people had not fully understood what we were asking and gave them time to answer fully.

One person showed us proudly how their writing and numeracy skills had greatly improved. Staff talked about the marked improvement in this person’s confidence and how they were now initiating conversations with confidence.

One person’s first language was not English. Their care plan showed they were learning to read and speak English. Staff told us when the person had first moved in they had very little understanding of English. The provider had employed Nepalese staff, four of which still work at the service, who were better able to understand the person’s culture, language and preferences. During the inspection everyone spoke in English, but when we spoke individually to this person staff intervened appropriately in their own language when the person was struggling with a question. A special needs teacher had also been engaged who helped with their English. This support had enabled them to have more confidence and to make their own decisions and choices. In the last quality assurance survey people said that staff ‘always’ cared about their culture and religion. Staff supported people to visit their family particular at times of religious festivals so they could celebrate with them.

One relative in a letter of compliment written to the service had commented that the service “values each individual with such great love and will go to any levels to fulfil any needs”. They said the service was “a family”, an approach that was fostered by the provider and staff to encourage ‘freedom of expression’ from people. The relative

Is the service caring?

continued that the love and care allowed individuals like their family member to live a “happy life”. They felt the “keenness” of their family member to return back from visits at home proved to them that they were being “well looked after just like their own family would”. They said “I am yet to come across a care home that provides the same service with great integrity”.

People’s independence was maintained. People talked about choosing meals they liked to have on the menus and helping to “do the onions”. Some people helped with the shopping, making their packed lunch, clearing the table, washing and drying up, folding laundry, gardening and

watering the plants or tidying and dusting their rooms. One person’s care plan showed that they were learning the value of money through shopping. One relative told us how their family member’s independence was encouraged where possible. A social care professional felt staff were “definitely” caring and maintained people’s independence skills.

Staff told us at the time of the inspection most people that needed support were supported by their families or their care manager, and no one had needed to access any advocacy services.

Is the service responsive?

Our findings

People were happy with the care and support they received and felt it met their needs. The care plan should have contained a step by step guide to supporting people in their morning and evening routine, including their preferences, what they could do for themselves and what help they required from staff. However there was a lack of detail about what people could do for themselves and what actual help they required from staff, in order to fully promote their independence and provide consistent support. For example, did they require verbal prompts for a task. Staff told us one person washed their hair, but staff needed to check it had been rinsed properly and help if it had not. However this level of detail was not recorded.

The provider had failed to maintain an accurate and complete record of the care and support provided and decisions taken in relation to people's care and support. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had lived together at the service for the last 10 years. When people had moved into the service, the service had obtained pre-admission assessment information, included assessments from professionals involved in the person's care, to ensure that the service was able to meet their needs. Following this the person was able to "test drive" the service by spending time, such as for meals or an overnight stay, getting to know people and staff. The service made sure people were compatible with each other before anyone moved in. Care plans were then developed from discussions with people, observations and assessments. Care plans contained details of people's choices and preferences, such as food and drink.

Care plans contained information about people's wishes and preferences. People had been involved in creating their care plan "all about me" and were familiar with the content. Symbols, pictures and plenty of photographs had been used to make them more meaningful and some people had written in them as well. They showed the things people could do for themselves every day, such as photograph of them brushing their hair, the things people were good at, such as writing and swimming, the things they would really like to do, such as go to the cinema and people's jobs, such as washing the dishes.

People were involved in planning their care and had regular review meetings to discuss their aspirations. This was confirmed by people in the last quality assurance survey. People had the opportunity to voice any concerns they may have had during their review meeting. Relatives told us they sometimes attended review meetings. A review meeting was held annually between the individual, their social worker, their family and staff. People were asked to prepare for their meeting by thinking and recording what they would like to do, what they were learning to do, what jobs they had and what they had done since their last review meeting.

People had a programme of leisure activities in place, which they had chosen to help ensure they were not socially isolated. People attended various local day centres during the week, which they enjoyed. Staff talked about how one person had wanted to stop going to a local small holding to help and this was respected. Staff knew people well and what activities they enjoyed as individuals. For example, staff told us one person preferred outdoor physical activities and another person preferred indoor and cosying down in front of the television watching a movie. Activities included yoga, swimming, walking, shopping, television and films, listening to music and spending time as people wished in their own rooms doing things, such as playing cards. People said in the last quality assurance survey that they enjoyed their activities. People had chosen to take a week of day trips instead of an annual holiday last year and this had included trips to Wingham Wildlife Park, Hastings Underwater World, Chatham Dockyard, Canterbury Cathedral and a picnic in Alkham Valley, but the trip people enjoyed the most was on the light railway and stopping for lunch at a pub.

People told us they would speak to a staff member if they were unhappy, but did not have any complaints. They felt staff would sort out any problems they had. In a quality assurance survey people said they would 'always' tell someone if they were unhappy. There had been no complaints received by the service in the last 12 months. People's care plans contained 'how I can complain' information using photographs, pictures and words so people would be able to understand the process. The provider worked 'hands on' so was available if people wanted to speak with them. Staff told us that any concerns

Is the service responsive?

or complaints would be taken seriously and used to learn and improve the service. Relatives told us they did not have any complaints, but felt comfortable in raising any concerns that might arise.

People had opportunities to provide feedback about the service provided. Staff undertook a regular one to one meeting with each person so they could discuss any issues

or suggest any improvements. The provider worked alongside staff, so was able to see and hear feedback. People and relatives had completed questionnaires to give their feedback about the service provided. Those held on files in the office were very positive. There was also a compliment letter from a relative, which was very positive about the service their family member received.

Is the service well-led?

Our findings

There was a lack of detailed guidance in care plans about how staff 'supported' people to do various tasks when they required help. For example, one care plan stated 'support and encourage (person) with personal care routine'. This does not show what the person could do for themselves and what actual help they require from staff, in order to promote their independence as much as possible. Some records in the care plans were not dated and had not been updated. For example, people's life stories and one care plan stated that a person had a communication booklet, but staff told us they did not.

The provider had failed to maintain an accurate and complete record of the care and support provided and decisions taken in relation to people's care and support. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other records were up to date, well maintained and accessible during the inspection. Records were held securely.

The provider managed the service themselves and there was no requirement to have a registered manager in place. The provider owned this and another service and manages them both supported by a deputy manager. People and relatives all spoke highly of the provider. They felt very comfortable in approaching and speaking with them. Staff felt the provider motivated them and the staff team. One staff member said, "She encourages training". The provider saw that staff training would help provide and enhance an environment of efficiency and professional expertise for people. This in turn they felt would build the confidence of individual people and maximise their quality of life and fulfil their potential. The provider had changed their training provider in the last 12 months, which delivered courses at the service. They had found that the quality of these courses was better and helped towards the ethos of the service. This was confirmed by staff. The provider had organised team building social events, such as birthday and a Christmas meal for staff.

Staff told us the provider adopted an open door policy regarding communication. People and relatives felt communication with them was "good". Staff told us they felt the provider listened to their opinions and took their views into account. One staff member said, "She is really nice and always available when you need her. It's like a family here. We always talk about things and work together. You can go straight to her with any issues".

People and relatives felt the service was well-led. One relative in a compliment letter said, "The service does not lack anything". The service was very small and it was evident from discussions that any issues or concerns were dealt with at an early stage, to help ensure the service ran smoothly. The provider worked alongside staff and saw problems as and when they occurred. Staff felt the service was well-led. The provider undertook monthly checks and audits on aspects of the service, such as the environment.

A social care professional felt the service was well-led. They said, "The provider is very involved and supportive to staff".

The provider's philosophy was included in the staff information handbook. The provider told us staff were aware of the philosophy of the service through induction training. Staff knew and understood the philosophy, which was to develop a supportive framework to enable people to maximise their potential, provide care to the highest standard and maintain people's mental and physical well-being, their happiness and their dignity. It was evident during the inspection that this was followed through into practice.

People and relatives completed quality assurance questionnaires to give feedback about the services provided. These were all positive, but staff told us if there were any negative comments these would have been used to drive improvements required to the service. Staff had also completed quality assurance questionnaires and again these were positive. They showed that staff felt confident in approaching the provider with any problems and felt secure in the knowledge that the matter would be acknowledged and acted on/resolved.

Staff had access to policies and procedures via the staff handbook. These were reviewed and kept up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 The provider had failed to maintain an accurate and complete record of the care and support provided and decisions taken in relation to people's care and support. Regulation 17(2)(c)