

# National Autistic Society Echo Square House

## 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?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

The inspection was unannounced and took place on 12 and 13 November 2014.

Echo Square House is a service that accommodates three people with autism. The service is located in a town and supported three people at the time of inspection. During our inspection the registered manager was present. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our observations and discussions with people, their relatives and staff showed us that there was an open and

positive culture which focused on people and promoting people's independence. One staff member was on duty during each shift and this was sufficient to meet people's needs because people were largely independent and did not require a high level of support from staff. Three permanent staff worked at the service and one bank staff member, all of whom had worked there for several years.

People we spoke with, their relatives and staff told us that people were safe at the service. Staff understood how to recognise signs of potential abuse and to report their concerns. Written risk assessments had been completed for the majority of circumstances and were centred on the needs of the person to be as independent as possible.

# Summary of findings

However, there was no written assessment of risk in relation to three long standing arrangements, including contact with family and friends that involved some overnight stays at the service.

The premises were safe for people, staff and visitors to use. The environment was free from trip hazards to support people to move about safely.

There were arrangements in place to ensure that the one person who required regular medicine to promote their health received it. However, not all areas of the provider's medicines management policy had been followed. For example, daily temperature checks of the cupboard where the medicines were kept had not been completed. This was brought to the attention of the manager who took action to address these matters.

## **We recommend that the service considers the Royal Pharmaceutical Societies' guidance on the handling of medicines in social care.**

Staff knew how to meet people's needs and had received training relevant to their role. One family member told us that "It seems like the perfect world for my relative". Staff we spoke with demonstrated their knowledge of people's needs. Staff received regular supervision and appraisal.

People told us that staff sought their consent before providing support to them. Staff knew what action to take if someone refused care that might place them at risk of harm. A healthcare professional told us that the staff were aware of people's rights and issues around capacity and consent.

People had access to healthy food at the service and staff knew about people's dietary preferences. People's health needs were monitored and met. A healthcare professional told us that staff always responded positively to any advice they were given.

Overall, people were treated with respect and their dignity was promoted. However, one staff member did not obtain one person's permission before checking the record they used to record any negative experiences out in the community. People told us that the staff were caring towards them. One person told us that staff reassured them when they were upset. A health care professional told us that the staff were very caring, "They provide comfort and reassurance to people. They anticipate their needs and responses".

We saw that people were involved in the planning of their care and the service was responsive to people's changing needs. One person told us they had been involved in choosing the decoration of their bedroom and planning Christmas. A relative told us that the environment had been adapted in response to their relative's changing needs and we saw this promoted their safety.

People were given the opportunity to participate in a range of activities including attending a local day centre.

People, their relatives and staff were given the opportunity to provide feedback about the service. We saw the results of a recent survey that had been completed which were positive. There was a process in place for complaints to be raised. People and their relatives told us they knew how to make a complaint. The manager told us that no complaints had been made.

We saw that steps had been taken to provide an environment that was homely with minimal reminders that the service was a care home. A visit by the provider at the start of this year noted "It is an extremely warm, relaxed and inviting house".

People, their relatives, staff and healthcare professionals were positive about the culture of the service. People told us that the manager was friendly and they could talk to the manager freely. One relative told us that the service was "Managed very well". Another relative told us that "The manager sets the rules, adheres to them and makes sure staff adhere to them". Comments from staff included "It's all about the client. We work to achieve the best for them" and that the culture stemmed from the provider. Healthcare professionals told us, "There was a good atmosphere and a culture of staff communicating and working together" and there was a good rapport between staff and people receiving support.

Staff were positive about the management of the service. A recent survey showed that the manager helped staff as much as staff would like them to and staff trusted the manager to be honest. The manager told us that the service had an excellent record of staff attendance last year with no sick leave taken.

# 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 not always safe.

People felt safe living in the service; risks to people had been identified and were positively managed to ensure their safety.

People were cared for by adequate levels of skilled staff.

People received their medicines as required. However, staff were not always following the service's own medicines policy and there was no written information to show their competency to administer medicines safely had been checked.

**Requires Improvement**



### Is the service effective?

The service was effective.

People's care was provided by staff who had received relevant ongoing training to enable them to support people effectively.

People's consent had been sought in relation to their care.

People's health needs were monitored and had been met promptly. Staff accessed healthcare professionals to support people when required.

We saw that steps had been taken to provide an environment that was homely with minimal reminders that the service was a care home.

**Good**



### Is the service caring?

The service was not always caring.

People told us staff were caring towards them and our observations confirmed this.

Overall, staff treated people with respect and promoted their dignity. One staff member did not obtain one person's permission before checking the record they used to record any negative experiences out in the community.

People were involved in decisions about their care.

**Requires Improvement**



### Is the service responsive?

The service was responsive.

The service was responsive to people's changing needs.

People were given the opportunity to participate in a range of activities.

There was a process in place for complaints to be raised.

People, their relatives and staff were given the opportunity to provide feedback about the service.

**Good**



# Summary of findings

## Is the service well-led?

The service was not always well led.

There was an open and positive culture which focused on people and promoting their independence.

People, their relatives, staff and healthcare professionals were positive about the culture of the service.

Staff were positive about the management of the service.

Records were not always maintained in relation to monitoring of medicines and assessments of risk to show that effective monitoring of service delivery was taking place.

**Requires Improvement**



# Echo Square House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 12 and 13 November 2014 and was unannounced. At the previous inspection in December 2013, we found that there were no breaches of legal requirements

One inspector carried out the inspection because it was a small service with three people living there, and it was therefore inappropriate to include additional people in the inspection team. Before the inspection, we asked the

provider to complete 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. We checked the information that we held about the service and the service provider. This included the previous inspection report. We spoke with two healthcare professionals who provided support to people who lived at the service. They gave their permission to quote them in this report. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with two people who lived at the service, three staff and the registered manager. We observed people and staff when they were together. We looked at three people's care records and records including staff rotas, staff training, menus, environmental checks and records related to medicines.

# Is the service safe?

## Our findings

People told us they felt safe living at the service and said that their property was also safe. Relatives we spoke with told us that their relatives were safe at the service.

One person required regular medicines to promote their health. We saw that these medicines were stored securely. We saw a medicines record that showed what medicines they had been prescribed, what the medicines were for and when they needed to take them. Records showed that this person had received their medicines as prescribed. We spoke to a staff member who was responsible for giving the person their medicines on the day of our inspection and they knew what this person needed to take and when. We saw they reminded the person when it was time to take their medicine and they wore protective gloves to administer the medicine ensuring the process was hygienic. They completed the record to show the medicine had been given once the person had taken it. They told us that they would immediately report to the manager if they saw any gaps on the document used to record when medicines had been given. One staff member was responsible for regularly checking these records were accurately completed. No concerns had been identified and reported to the manager.

Not all areas of the provider's medicines management policy, dated the 8 August 2013, had been followed. For example, a topical cream had not been stored separately from medicines taken by mouth. Daily temperature checks of the cupboard where the medicines were kept had not been completed. The manager told us that they undertook regular checks of the medicines' records; however this had not been documented to provide a written audit trail. These matters were brought to the attention of the manager who took action to address them. They set up a system to undertake and record daily temperature checks and document their checks of the medicines records.

A training record showed the training that the permanent staff had completed in relation to medicines. The record showed that one staff member had not updated their training in medicines within a four year period. The provider's medicines management policy showed that this training needed to be updated at least once every three years. Records showed that the manager had noted this

training shortfall and it was being addressed. Following the inspection we received an up to date training record that showed this staff member had recently updated this training.

There was no written information to show that staff had completed a competency check in relation to administering medicines. Three staff had completed their training in March 2014. The provider's policy showed that competency checks usually took place one week after the training and a second check took place a month later and then annually. One staff member we spoke with told us they had had their competency checked. The manager told us that new forms had been created to check staff competency, and showed us an example. Following the inspection we were provided with a record that showed that checks for staff competency were underway; and we received a completed competency check in relation to one staff member. No other concerns in relation to the management of medicines were identified.

**We recommend that the service considers the Royal Pharmaceutical Societies' guidance on the handling of medicines in social care.**

There were three permanent staff and one bank staff member who worked at the service. There was a stable staff team as they had all been in post for several years. The manager showed us the recruitment policy and told us that the provider was responsible for completing the checks to ensure the suitability of new staff and updating any checks required for permanent staff to ensure people's safety. These records were not kept in the service. Therefore, we did not see recruitment records during the inspection.

There was one staff member on duty at any one time to meet the needs of the three people who lived at the service. Both people we spoke with at the service, two relatives, three staff and the manager told us that this amount of staff was sufficient to meet people's needs. The manager was also at the service regularly. We saw that there were enough staff to meet people's needs because people were largely independent and did not require a high level of support from staff. We saw that this arrangement had been risk assessed under the provider's lone working policy. The staff knew the arrangements in place to support them with lone working, such as who to call if they required support.

## Is the service safe?

People were protected from the risk of abuse because the staff were able to demonstrate their understanding of adult protection. They told us they had completed training in adult protection and we saw a training record that confirmed this. The staff were able to describe what was meant by abuse and how to recognise signs of possible abuse. They knew the procedure for responding to and reporting allegations of abuse and how to blow the whistle if they had concerns about another staff member employed by the provider. This gave staff an option to speak to people outside of the agency such as care managers or the police if staff felt their concerns needed to be disclosed in this way. Having this option made people safer because abuse or suspected abuse could not be ignored. Staff knew where they could find written information about this to follow, and we saw that this written guidance was available to staff.

Risk assessments had been completed to balance people's independence with their safety. Risk assessments included risks for people going out without staff support. Regular checks were undertaken of people's road safety awareness to monitor the risks involved. These records had been reviewed. The manager told us about steps they had taken to support one person to talk with staff about any negative experiences that might happen while they were out in the community. This was recorded in the person's support plan.

The premises were safe for people, staff and visitors to use. We saw that steps had been taken to provide an environment that was homely with minimal reminders that the service was a care home. There had been no accidents or incidents since the last inspection. We saw that the service was free from trip hazards to support people to move about safely. A healthcare professional told us that when they had visited the service they had seen staff tidy away a Hoover that had been used by people to ensure people did not trip over it. Regular health and safety checks were carried out and these included fire safety checks. Checks were also carried out by external companies in relation to the electrical appliances and gas safety. A recent gas safety check identified a matter that required following up and this was being addressed. The manager told us that an inspection of the electrical wiring had been carried out upon their request some time ago; however this record could not be located. During the inspection the manager contacted the relevant organisation to request a copy of this certificate.

We saw that there were arrangements in place to manage foreseeable emergencies. There was a box of essential information by the front door for staff to take with them when leaving the service in the event of an emergency. We saw that people had up to date personal emergency evacuation plans. These provided written information for staff to follow to support people to leave the service safely in the event of an emergency such as a fire.



# Is the service effective?

## Our findings

People told us that staff had the skills to meet their needs. One relative told us that the staff had worked at the service for a long time. “There is little turn over in staff”. They added “It seems like the perfect world for him”. Another relative told us that they had seen how the staff supported their relative out in the community. What they described was in line with their care plan. Staff demonstrated their knowledge of people’s needs. One staff member knew what behaviour one person might show when they were unhappy and this was reflected in their care records. Another staff member knew what support one person needed to eat their food safely and this had also been recorded. A health care professional told us that staff knew what time of day people should visit them to ensure people were at their most comfortable. They added “They understand them as individuals”.

There was a system in place to monitor staff training. One relative told us that the staff were trained to meet their relative’s needs. A training record showed what training had been undertaken, and this included health and safety and equality and diversity. One staff member told us they had gained helpful knowledge from attending specific training that was provided in relation to one person’s changing needs. Another staff member told us they had recently attended training in Autism and this was reflected in the training records. The results of a recent staff survey showed that staff were able to ask for training and development when required and the manager supported their training.

Staff told us that they found supervision useful. One staff member told us that they received supervision every six weeks and could talk openly and received feedback from their manager. Another staff member told us they received recognition for their work. We saw examples of supervision records and an appraisal that showed that matters including training needs were discussed.

The staff told us they had received training in the Mental Capacity Act 2005 and the training record confirmed this. The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Records showed the manager was a trainer in this subject. People told us that staff sought their consent before providing support to them. Staff knew what action to take if someone refused support that might place them at risk of harm.

Records showed that people’s mental capacity was reviewed when specific decisions needed to be reviewed to ensure the service met their legal requirements. For example, in relation to staff administering medicines.

A healthcare professional told us that the staff had people’s best interests when supporting them and they were aware of people’s rights and issues around capacity and consent. Another healthcare professional told us that if a person refused their treatment the staff member respected this.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). DoLS concern decisions about depriving people of their liberty, so that they get the care and treatment they need, where there is no less restrictive way of achieving this. There was a policy in place in relation to DoLS for staff to refer to and follow. The manager had not needed to submit any DoLS applications because people had the capacity to consent to the care they received, and the support provided for them was the least restrictive option. People could access all areas freely and leave the service when they chose to. People told us that they went out of the service when they chose to. One person told us they sometimes went out by themselves. A relative told us “My relative goes out as often as he likes”. Another relative told us “The staff give my relative freedom to go out alone. I never thought I would see the day for him to go out alone”.

Arrangements were in place to support one person to be able to leave the service safely with staff support. This decision had been documented and reviewed. Staff knew where to seek advice if this person refused staff support when leaving the service. There was no written risk assessment in place in relation to this but the manager told us that they would consider the risks to the person at the time to ensure the person’s safety.

People had access to healthy food at the service. The fridge and freezer were well stocked. Where people had opened packets of food in the fridge by themselves, they had not resealed and labelled them to show the date of opening. The staff noticed this and resealed the food and labelled it. The staff carried out regular temperature checks of the fridge to ensure food was stored at the correct temperature. People told us that there was plenty of food and if they wanted food at night they would ask the staff member on duty. There was information recorded in



## Is the service effective?

people's care records that showed what food people liked and disliked, and staff knew these preferences. There were arrangements in place to regularly monitor people's weight and records were kept of this to monitor any changes.

People's health needs were monitored and met. One person told us they were supported to see the doctor when they were unwell. Another person told us that if they were feeling unwell they would report it to the staff who would take them to the doctor. One relative we spoke with about one aspect of their relative's health needs told us that the staff were "definitely looking after this". Another relative told us that the staff monitored their relative's health. They

told us about the system in place to share any concerns with the service about their relative's health. Records showed that people attended regular health checks, and changes to health needs were recorded. A healthcare professional told us that staff ensured that people always attended appointments, and that staff always followed any advice they had given them. Another healthcare professional told us that staff asked them to document their visits and include any action that staff were required to carry out. The service maintained records of contact with health professionals.

# Is the service caring?

## Our findings

We saw that staff referred to people by the name they preferred to use and spoke to people using respectful language. We heard staff take an interest in people, they asked them how they were feeling and what they were doing that day. One person we spoke with about their privacy told us that staff ensured their privacy when providing support to them. Staff told us they closed the door to the room in use and knocked on the door before entering a room where the person was being supported.

People's privacy was not always assured and their confidentiality was not always respected. One staff member told us they checked a personal diary used by one person to record specific information. However, the person was not aware of this and told us they had not been asked by staff if they could read the diary and was not aware that staff were reading the diary. The person understood it to be their own personal record. This person had not been made aware of this practice and their views had not been sought in relation to it.

This is a breach of 17 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The manager had adapted the service in a caring way when one person's needs had changed. They had taken into consideration maintaining the homely setting. Therefore, the adaptations were discrete and continued to promote a homely feel to the service. This meant that care was taken not to draw attention to one person's needs and not to disrupt the environment for the other people living there.

People told us that the staff were caring towards them. One person told us that staff reassured them when they were upset. A relative told us that they knew the staff cared about their relative because of the attitude of the staff when they talked about their relative. "They show great care and affection for him". They added that the staff also showed an interest in them when they returned from being away. Relatives told us that their relatives were smiling when they visited them at home and smiling when they returned to the service. A health care professional told us that the staff were very caring, "They provide comfort and reassurance to people. They anticipate their needs and responses".

The staff and manager had worked at the service for several years and this was evident by how relaxed staff, the

manager and people were in each other's company. We saw how the manager engaged one person in banter about a social event the manager had recently attended which the person seemed to enjoy. The manager and staff knew people's routines. The manager told us what people did when they returned to the service after being out for the day. We saw that staff followed this routine by welcoming people back to the service; they showed an interest in their day and then gave them time alone. The atmosphere at the service was calm and friendly.

The manager and the staff knew the people they were supporting. The manager told us about people's personal histories and how they came to live together. Staff knew that one person liked to copy others so they spoke with them alone to ensure they sought their own views on any matters being discussed. They knew where one person preferred to sit when watching television. They knew what type of music people enjoyed listening to and what food people did not like to eat. They knew what might make people unhappy and what behaviour people may show when they were unhappy.

One person told us they had been involved in choosing the decoration of their bedroom and planning Christmas. They added that the staff member responsible for overseeing their care asked them for their views on their care. We saw that two people had signed their care records to show their agreement with the care being provided. There was written guidance that showed how one person was to be involved in making decisions about their care where it had been assessed as inappropriate for them to sign their care records. This had been implemented to support this person when they had completed a recent survey about the service.

People's independence and community involvement was promoted. People were encouraged to be as independent as possible and undertake tasks for themselves. One person's independence was promoted by bathing without staff support. A staff member stood outside the closed door to ensure their safety. People told us that they helped to prepare the food. During our inspection, one person served refreshments to other people at the service. Records showed that people were supported to maintain the cleanliness of the service. People went out regularly and one person was planning a Christmas shopping trip with a staff member. A relative told us that staff at a local shop spoke with them about their relative visiting the shop

## Is the service caring?

regularly. A staff member told us one person visited a local hairdresser. People's contact with their relatives and friends were not restricted and risks associated with these arrangements were closely monitored.

# Is the service responsive?

## Our findings

Each day was structured around people's needs and what they had chosen to do. People were given the opportunity to participate in a range of activities including attending a local day centre, bowling, table tennis and going for walks. One person told us they were studying a course at a local day centre and a record showed the course they were studying. They told us that they visited the town at the weekends which they enjoyed. People chose what activities they wished to do. Records showed that people wanted to visit a theatre and this had been arranged for the new year.

The handover process in place meant that people's needs were met because staff were informed of any changes to them. A verbal hand over about people's needs was given from one staff member to the next staff member coming onto shift. Staff also looked at a book that was used to record information they needed to know during their shift such as when a relative was coming to visit.

A relative told us that the environment had been adapted in response to their relative's changing needs and we saw this promoted their safety. Steps were taken to support people's changing needs by introducing equipment to assist them to maintain their independence. Records showed that two items had been introduced but the person had decided they preferred not to use them. Staff had respected their decision.

People were involved in planning their care and setting goals they wished to achieve. These included taking on responsibilities such as managing the recycling at the service. People's care plans showed what was important to them. They contained a summary of the person and key facts about them such as if they were registered disabled. It was important for one person to be given enough time to complete tasks without being rushed. We saw there were enough staff on duty to ensure that this person was able to complete tasks at their own pace. One person preferred to

have a shave before brushing their teeth. Another person needed support from staff to brush their teeth. There was also written information about the person to take with them to medical appointments. This set out what the medical professional needed to know when they saw the person. People's care plans had been regularly reviewed.

People were supported to maintain links with family and friends. The manager told us about a long standing arrangement to support one person to have contact with a friend. Records also showed that visits were arranged to support another person to have contact with a relative at the service. People's social needs were met and supported by the service.

Staff needed to monitor people's health because the people they supported may not always tell staff when they were unwell. One person had signed a record to confirm they would tell staff if they were unwell and what they could expect staff do in response to this to ensure their health. Regular checks were undertaken to monitor people's weight and staff knew what to look for to indicate a person may not be well. Appointments were made with health care professionals in response to changes in people's health. Gender specific health checks were undertaken to ensure people's health as they got older.

People, their relatives and staff were given the opportunity to provide feedback about the service. A recent survey that had been completed and this showed positive results. For example, people felt listened to; they were able to choose what they ate and what they bought and staff listened to their ideas. Relatives had provided feedback that their relative had been supported to be as independent as possible and had developed in confidence.

There was a process in place for complaints to be raised. The service had a complaints policy in place and each person had a copy of this information in their bedroom. People knew how to make a complaint if they needed to do so. The manager told us that no complaints had been made.

# Is the service well-led?

## Our findings

People and their relatives were positive about the culture of the service. People told us that the manager was friendly. One person added that the manager made them laugh and was kind. People told us they could talk to the manager freely. One relative told us that the service was “Managed very well”. Another relative told us that the service had an “Excellent manager” adding, “The manager sets the rules, adheres to them and makes sure staff adhere to them”. The manager was approachable. Relatives told us that they knew how to make a complaint and were confident that any complaint would be acted upon without repercussions for their relative. People were invited to complete a survey about the care they received and recent results were positive and people felt that the staff listened to them and to their ideas.

Records were stored securely to promote people’s confidentiality. We saw staff maintained records related to the care they provided at the service. However, records had not been maintained to show that any risks had been considered in relation to three long standing arrangements. This included a friend who stayed overnight at the service when visiting a person who lived there. The manager told us this arrangement had been in place for many years and how they monitored such arrangements to ensure it was safe.

The manager reviewed one of these arrangements during the inspection by telephone, asking one person’s relative their views on the contact they had with their relative. This relative told us they knew the arrangements in place to support them to meet their relative’s needs when they visited them at their home. During the inspection a risk assessment in relation to one of these matters was drawn up and following the inspection the manager provided us with a written assessment of risk for the remaining two arrangements. These records reflected the arrangements in place, any risks involved and how these were managed.

Records were not kept documenting the checks the manager made in relation to medicines at the service to show these checks were taking place and the findings. The absence of this written audit made it difficult to demonstrate the effective monitoring of this aspect of care.

This is a breach of Regulation 20 (1) (a) (b) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had an open and positive culture which focused on people and promoted their independence. A visit by the provider at the start of this year noted “It is an extremely warm, relaxed and inviting house”. We saw a mission statement on display in a shared hallway that promoted safety and respect. People had taken part in a scheme to develop their independent living skills and we saw records that showed what they had achieved.

Regular meetings were held at the service for people to share their views about their care and the service. Records of recent meetings showed that Christmas activities had been discussed. People were involved in choosing their menus each week, and the records showed the menus that people had planned. One person told us they enjoyed a specific meal and we saw this was on the menu. Meetings were also held in the community including people’s relatives to discuss matters related to the service in a more relaxed and social setting.

Staff and healthcare professionals were positive about the culture of the service. Staff told us that the service was “Somewhere safe and happy, like a normal house”; “It’s a homely home. Lovely atmosphere”; and “It’s all about the clients. We work to achieve the best for them”. “We have an excellent staff team and the manager is approachable”. One staff member told us they “Definitely” felt part of a team. Another staff member added that this culture stemmed from the provider. A recent staff survey showed that staff were positive about being kept up to date with the long term vision and objectives of the service and the provider and staff spoke to each other in a respectful manner. Staff told us that they could raise concerns freely and they would be acted upon. Recent staff survey results showed that staff felt they could mention something they saw as wrong. Comments from healthcare professionals included “It is one of the best”, “There was a good atmosphere and a culture of staff communicating and working together” and there was a good rapport between staff and people. One healthcare professional told us that they could raise concerns freely and they would be acted upon.

## Is the service well-led?

Staff attended regular staff meetings to provide feedback about the service. One staff member found this useful in bringing the staff together. Records showed that people's care, their social commitments and progress on the refurbishment of areas of the service were discussed.

Staff were positive about the management of the service. A recent survey showed that the manager helped staff as

much as staff would like them to. They trusted the manager to be honest and the manager thanked staff for a job well done. Staff understood what was required of them in their role and received good communication to carry out their role. The manager told us that they had an excellent record of staff attendance last year with no sick leave taken.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services<br><br>People's privacy was not always promoted because staff did not always ensure that they sought people's consent before accessing written information they had recorded. Regulation 17 (1) (a). |

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records<br><br>People were not always protected from the risks of unsafe or inappropriate care because accurate records were not always kept in relation to each person and the management of the service. Regulation 20 (1) (a) (b) (ii). |