Nottinghamshire County Council

Wynhill Lodge Short Breaks Service

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

We carried out an unannounced inspection of the service on 30 April 2015. Wynhill Lodge Short Breaks Services provides a short break for up to 10 people who have a learning disability and additional complex needs. On the day of our inspection four people were using the service.

On the day of our inspection there was a registered manager in place.

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.

Summary of findings

People did not always have the appropriate risk assessments completed in order for staff to be aware of the risks posed to people's safety and how they should reduce that risk.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Where people did not have the capacity to consent to decisions about their care the registered manager did not always ensure that the appropriate assessments had been completed to support the decisions made for people.

The registered manager conducted audits to assess the quality of the service that people received, however they did not identify the issues that were raised within this report.

Relatives of people who used the service felt their family members were safe. The risk to people experiencing abuse at the home was reduced because the staff had received training on safeguarding of adults, could identify the different types of abuse and knew who to report concerns to. There were enough staff to meet people's needs. People's medicines were managed in a safe way. Accidents and incidents were investigated. The environment people lived in and the equipment they used was monitored to reduce the risk to people's safety.

People were supported by staff who were well trained, knowledgeable and understood how to communicate with people. Relatives spoke positively about the staff and the way they supported their family members.

People were supported to maintain a balanced diet and the staff were aware of people's specific dietary requirements. People were able to access their GP and dentists and other external healthcare professionals.

Staff treated people with respect and supported people in a dignified and caring way. When people became distressed, staff responded to them in a timely manner. People were provided with the information they need to access independent advice if the needed it. Relatives were involved with decisions relating to their family member's care although people's records did not always reflect this. People's privacy and dignity was maintained at all times. There were no restrictions on people's friends or relatives attending the home.

Before people attended the home the care they required was discussed with them and/or their relative. People were encouraged and supported to do the things that were important to them. People were supported to practise their religion. People's care plans were not always reviewed in a timely manner. A complaints procedure was available for people and staff responded to complaints raised by people in a timely manner.

Relatives and staff spoke highly of the registered manager. People, relatives and staff were encouraged to contribute to the development of the service. Staff understood their role and how the risks to the service were explained to them by the registered manager.

You can see what action we told the provider to take at the back of the full version of the 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 not consistently safe.

Risks to people's safety were not always regularly assessed.

The risk to people's safety was reduced because staff could identify the types of abuse and who to report concerns to.

Medicines were handled, stored and administered safely.

Requires improvement

Is the service effective?
The service was not consistently effective.

The principles of the Mental Capacity Act 2005 had not always been appropriately applied when decisions were made for people.

People received support from staff who were well trained and understood how to communicate effectively with people.

People were encouraged to make wise food and drink choices and to maintain a healthy and balanced diet. People's specific dietary requirements were understood by staff.

Requires improvement

Is the service caring?
The service was caring.

People were supported by staff who cared about them, involved them in decisions about the care and treated them with respect.

People had access to independent advice if they needed it.

People's privacy and dignity was maintained at all times.

Good

Is the service responsive?
The service was responsive.

People's care plans were reviewed but not always in a timely manner.

People were supported to follow their hobbies and interests and to practise their chosen religion.

There was a complaints procedure in place and relatives told us any concerns were acted on.

Good

Is the service well-led?
The service was not consistently well-led.

Regular quality assurance reviews were conducted although they did not identify the concerns raised within this report.

Requires improvement

Summary of findings

People received support from staff who were motivated and understood the values and aims of the service.

People were supported and relatives and staff felt able to contribute to the development of the service.

Wynhill Lodge Short Breaks Service

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 30 April 2015 and was unannounced.

The inspection was conducted by two inspectors.

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. In addition to this, to help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted external healthcare professionals to gain their views of the service provided.

We spoke with three people who used the service and observed staff supporting people. We also spoke with two relatives, four members of the care staff, a team leader, the cook, and registered manager and carried out observations throughout the inspection.

We looked at the care records for the four people who used the service at the time of the inspection, as well as a range of other records relating to the running of the service such as quality audits and policies and procedures.

Requires improvement

Is the service safe?

Our findings

People did not always have the appropriate risk assessments completed within their care plan when risks to their safety had been identified. Although some elements of the risk people faced had been included on people's care plans, these were not conducted in sufficient detail to ensure that the risk to people's safety was reduced. For example we saw in one care plan it had been stated that a person was at risk of falling; however there was not a risk assessment in place that described the assessed risk to this person. We saw other examples in each of the four care plans that we looked at. We raised this with the registered manager. They told us that when a risk had been identified that a risk assessment should always be completed. They acknowledged that this had not always been done.

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

We observed staff support all four people safely who were living at the home. They ensured people were able to do things for themselves but were available to support them if needed. We spoke with a relative and they told us, "I'm really impressed with the care they get. A lot of effort has been put into it by the staff in order to keep them safe."

The risk of abuse to people was reduced because staff could identify the different types of abuse that they could encounter and they knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local authority or the police. There was a safeguarding adults policy in place and the staff we spoke with told us they had undertaken safeguarding adults training. They told us they had not needed to report any concerns but were confident that if they needed to, a team leader or manager would act on it. Information was provided for people who used the service on how they could identify and report abuse.

The risk to people's safety was reduced because the registered manager had ensured that each person had a personal emergency evacuation plan in place which provided staff with details of the support each person would need in the event of an emergency evacuation of the home. We saw the registered manager had an emergency contingency plan in place should there be a loss of water, electricity, lighting and other areas essential to the safe running of the home. We saw minutes of a meeting held with staff and people who used the service, where the fire evacuation procedure was explained to people and what they should do in an emergency.

We observed the afternoon handover between the team leaders of the outgoing and oncoming shift. Pertinent information was handed over about each person and any risks to people's safety were discussed.

The registered manager ensured that when there had been an incident or an accident that had an impact on people's safety and wellbeing, they were investigated and plans to reduce the risk to people's safety were put in place. Recommendations made by the manager were then discussed with staff and reviewed to ensure they had taken place.

Regular checks of people's equipment and the environment they lived in were conducted. External contractors were used to carry out checks on gas boilers, the fire alarm systems and fire detectors. This meant that checks were in place to reduce the risk of unsafe equipment or aspects of the environment having an impact on people's safety.

Although people were unable to tell us if there were enough staff to meet their needs, our observations throughout the inspection indicated that there were. People who required one to one support received this and people who required assistance with accessing the kitchen, toilets and other areas of the home had the support they needed. Staff told us they felt there were enough staff on duty to provide the care and support people required. A staff member told us if there was an increase in the number of people who used the service then additional staff were used to cover the shifts. For example we were told a person had made a short notice booking for the following day and a relief care worker had been asked to do an additional shift to ensure adequate staffing levels were achieved. The registered manager told us they carried out regular reviews of the needs of the people who used the service and ensured there were sufficient staff to ensure people were kept safe. They also told us that if agency staff were used they were able to use the same staff to enable continuity of care for people.

Requires improvement

Is the service safe?

We checked the recruitment records of three staff to establish what checks the provider had carried out before they commenced their role. We saw the provider had carried out the required recruitment checks for these members of staff before they commenced their role.

The risk to people's safety was reduced because the registered manager had ensured that there were appropriate arrangements in place for the safe storage and management of medicines. We saw there were daily temperature checks of the room where medicines were stored and of the medicines fridge. This ensured that medicines were stored at the appropriate temperature in order to reduce the risk of them becoming less effective.

Due to the nature of this service people's medicines were not routinely ordered as people are normally only at the service for a short period of time; people therefore brought their medicines with them. However, there were processes in place to obtain medicines for people if they were on a longer placement or if they needed additional medicines. There was a process in place that ensured all medicines that were delivered to the service were appropriately checked and recorded to ensure the quantity tallied with the numbers recorded on people's medicines administration record (MAR). These records were also used to record whether a person had received or refused their medicines. A relative we spoke with told us, "[Family member's] medicines are handled fine. I have no problems with it."

During our inspection only one person received any medicines. We saw there was a MAR chart in place with a photo of the person, if they had any allergies and their date of birth. This information was used to ensure that people received the required medicines in a safe way. Although the person's MAR was completed correctly there was no indication of how the person liked to take their medicines, which could lead to staff providing the person's medicines in an inconsistent way. We checked the numbers of tablets remaining for this person and this tallied with the MAR chart.

Staff told us they had undertaken medicines training and had had a competency assessment prior to administering medicines independently. They said their competency assessments were repeated annually and we saw records which indicated staff involved in administering medications had completed a competency assessment within the first three months of this year.

Monthly medicines audits had been carried out by the manager and we saw actions were identified from the audits and changes put into place. A record of medicines errors and the actions taken to prevent recurrence was also kept in a folder.

Requires improvement

Is the service effective?

Our findings

We reviewed the care plans of all four people who were using the service at the time of our visit to check whether the provider had ensured that where required an assessment of each person's capacity to make and understand decisions relating to their support was undertaken as required by the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received.

Each care plan that we looked at had a section to be completed to identify people's capacity to make decisions about certain aspects of their care. However, when there was a statement that a person did not have capacity to make decisions, this was not always supported by a mental capacity assessment or best interests documentation. For example a person had a care plan in place which indicated they could not manage their finances as they did not understand the value of money, but there was no mental capacity assessment for this. This meant the appropriate legal process may not have always been followed when decisions were made for this person.

In each of the other care plans that we looked at there were other examples of mental capacity assessments that had not been completed when it had been identified that people lacked capacity. We raised this with the registered manager who told us they would review people's care plans and ensure that where required mental capacity assessments were completed.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager could explain the processes they followed when they applied for authorisation for Deprivation of Liberty Safeguards (DoLS) to be implemented to protect the people within the service. DoLS aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The staff we spoke with had a good knowledge of DoLS and were able to explain how they ensured people's freedom was not unlawfully restricted.

All of the staff we spoke with told us they felt supported by the registered manager. They told us they had monthly supervision of their work and could request an additional supervision if there was something they wanted to discuss.

The staff we talked with were knowledgeable about the needs and preferences of the people who used the service and could explain how they used that knowledge to provide effective care and support.

People were supported by staff who had the right skills that enabled them to communicate with people effectively. A relative we spoke with told us they were pleased with the way the staff communicated with their family member. They said, "They [staff] seem to have got the communication issues under control quickly. They don't push [family member], they listen to what they say. They have listened to what I have recommended and put it into action. It has made things much easier."

People were supported by staff who received the appropriate training for their job. One member of staff told us, "I have completed a range of training within the last year including safeguarding, food hygiene, moving and handling and epilepsy." Most staff we talked with said they had undertaken a one or two day communication course to assist them in communicating with people effectively. An example of this training was the use of Makaton signs and symbols. Makaton is a language programme which uses signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. Training records showed that staff were due to take a refresher course for effective communication in June 2015.

Staff were encouraged to undertake external professional development in order to provide them with the skills to provide effective care for people. A member of staff told us they had recently completed their NVQ Level 2 in adult social care, (now referred to as diplomas). People were supported to undertake further training in order for them be effective team leaders.

People were supported by staff who understood how to manage behaviours that challenge. Staff told us they had received MAPA (managing actual and potential aggression) training. This training helped staff to deal with aggressive behaviour in a calm and effective way that keeps people safe.

The relatives we spoke with told us they were happy with the way their family members' food and drink intake was monitored. One of the relatives said, "They try to prompt [family member] to eat. They sit with them. They don't just leave the meal in front of them and leave them to it."

Requires improvement

Is the service effective?

People were supported to eat healthily and to maintain a balanced diet. Care plans were in place to assist staff in understanding people's likes and dislikes and the most appropriate way they could encourage people to eat and drink sufficient amounts. In one care plan we saw a detailed plan had been put in place, with input from the person's relative in order to ensure the person ate enough food. They had particular likes and dislikes and ways in which they liked their food to be prepared. All of the staff we spoke with could explain how they followed this process. We spoke with this person's relative and they told us they were happy with the way staff had approached this.

People were unable to tell us whether they liked the food and drink provided at the service, but during our observations we saw people eat and drink and they appeared to enjoy it. The cook had a list of people's likes and dislikes and whether people were allergic to specific foods. This ensured people received the food and drink that they liked and reduced the risk of them consuming food that could cause them harm.

The fridges and freezers were well stocked and their temperature was regularly checked and recorded in order to ensure food was stored at an appropriate temperature. We did find some fresh food such as double cream and natural yogurt that had passed their 'use by' date. We raised this with the cook who told us they would never serve this to people and would ensure it was disposed of. All other food was stored safely.

People's day to day health needs were met by the staff and external professionals. If people required access to their GP or dentist then they were supported by staff to visit these. We looked at people's care plan records and saw for one person the records did not accurately reflect a recent visit they had made to an optician when supported by the staff. The registered manager told us they would review all of the care plans to ensure they contained up to date information for people.

Good

Is the service caring?

Our findings

People were unable to verbally tell us whether the staff were caring or treated them with respect. However, when we asked two people if they were happy at the home they smiled, and gave us a 'thumbs up' sign, which indicated they were. People's relatives spoke positively about the staff. One relative told us, "The staff seem caring and motivated."

We observed staff interact with people throughout the inspection and it was clear from these interactions that people responded positively to the way staff supported them. We observed staff assist people with making meals, taking part in activities and ensuring they were provided with the support they needed to maintain their personal hygiene. Staff did this in a caring, patient and respectful way.

People received care and support from staff who listened to them and talked to them in a way they could understand. Staff ensured that people were able to express their views in a way which was important to them. The people who used the service had varying abilities to communicate verbally. In each of the care plans we looked we saw there was a communication care plan in place which gave staff the guidance they needed to be able to communicate with people effectively. We saw one person had a communication book containing signs they used for things which were important to them and which they often wanted to talk about. Pictures and signs were displayed around the home to help with communication and also to identify certain parts of the home such as toilets and the kitchen. A health care professional we spoke with prior to the inspection told us that staff had learned how to communicate with a person they had placed at the service and the staff also supported them to see their family

Staff took action to relieve people's distress or discomfort in a timely manner. When people needed reassurance or guidance the staff were there to support them.

People were supported by staff who understood their personal preferences and their life history. Staff could explain what was important to each person they supported and how they contributed to ensuring they had their care and support provided in the way they wanted.

We saw that when a person came back to the service after the shift handover, the staff looking after them introduced themselves to the person and explained they would be working with them that day. We observed staff asking people how they wanted to spend their day and making suggestions when they appeared undecided. On the day of the inspection they were due to have sandwiches at lunchtime but decided they would like to go to the market. It was suggested by a staff member that they might like to go out for lunch and people were enthusiastic about the idea. As a result, they had a pub lunch before returning to the home in the afternoon. This showed staff understood what people enjoyed and ensured people were involved in decisions about what they would like to do.

People's care plans contained information about how they, or their relatives where appropriate, had been involved with decisions relating to their or their family member's care. We saw an example in a person's care plan which showed that a specific request made by a relative had been recorded and implemented. We also saw an example in another person's records which showed that a summary of the care plan had been given to the person in easy read format when they first came to the home in 2010 and then this had been reviewed with their relative in 2012. However there was no further evidence of more recent involvement recorded. We raised this with the registered manager. They assured us that everyone, and their relatives where appropriate, were involved with decisions about the care and support provided, but acknowledged this was not always recorded. They told us they would review this to ensure that when people or their relatives have been consulted that it was accurately recorded to reflect this. We spoke with two relatives and they told us they were involved.

People had been provided with information in picture format about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. Staff said they treated everyone as individuals and their individual needs were identified in their care plans. In addition, they recognised their responsibility to act on behalf of people if they felt they were being treated unfairly or being discriminated against.

We talked with staff and they told us the steps they took to preserve people's privacy and dignity when providing support and care; we observed staff doing so during the

Good

Is the service caring?

inspection. People's care plan records contained information for staff on how to ensure people's dignity was maintained. For example one person's care plan for showering indicated the need to discreetly offer the person support when they had a shower, in order to maintain their personal hygiene and their dignity. The registered manager told us, "We treat people as adults here. People need to be allowed and encouraged to be an adult and we will support them."

People's privacy was respected by staff who understood when people wished to be alone and acted on their wishes to do so. In one care plan that we looked at we saw there was a process in place that ensured that when the person returned to the service staff were to immediately give them the key to their room. This was because the person was very protective of their personal space. We also observed staff knock on people's bedroom doors and wait to be asked to enter before doing so. There was plenty of space throughout the home for people to be alone or to spend time with family and friends if they wanted to.

The registered manager told us there were no restrictions on people's friends or relatives attending the home to see their family members.

Good

Is the service responsive?

Our findings

Before people started to use the service there were processes in place to help them prepare for their first stay. This included visits to the service, meetings with their key worker and discussion of their care plans. The registered manager told us that for people's initial assessment a team leader visited the person and their relatives at their home. They discussed their initial views on what they would like to do whilst at the service and how they would like their care to be provided. This enabled the registered manager to ensure that staff were able to respond to the specific needs of each person.

After the visits by the team leaders to people's homes had been completed and people and their family were comfortable with the environment, a care plan was written which contained detailed information about how people would like their care to be provided that was personal to them. In the care plans that we looked at we saw information had been recorded which listed people's likes and dislikes and their hobbies and interests. People's personal histories were also recorded to enable staff to have a good knowledge of people's lives outside of the home. The staff we spoke with were able to describe people's needs and what was important to them.

We spoke with two health care professionals prior to the inspection and asked them about the service. One of them told us that staff were aware of how to provide person centred care for people and were responsive to the needs of the people who used the service and their relatives. The other told us when they have arranged for a person to stay at the service at short notice, the service were excellent at settling them in, supported them through the change of environment and made sure they had all essential items that did not come with them. This meant that the service was able to provide support that responded to people's needs.

People were supported to do the things that were important to them. One person liked to walk in the park and to ride the bus. We observed staff respond to people's wishes throughout the inspection.

We spent some time with one person and they showed us their bedroom. Their bedroom had things inside that were personal and important to them. We asked them if they liked their bedroom and they indicated to us they were happy with it and helped with keeping their room clean. This meant that although some people only used the service for short periods of time they were supported to make the bedroom they used personal to them and also were supported to ensure that it was kept clean and tidy.

Staff took measures to ensure that people were not socially isolated. A relative we spoke with praised the staff for encouraging their family member to become involved with activities as they were concerned that otherwise they would remain in their room and not interact with people.

People's care plans were reviewed although there was no formal process in place to ensure that these were always done in a timely manner to ensure that staff were providing care and support for people that responded to their current needs. In one person's care plan we saw there had been a review conducted within the first three months of their stay. However in another person's care plan no review had been conducted since October 2013. We observed this person and the care and support we were able to see did correspond to what was recorded in their care plan; however we could not be certain that other aspects of their care; such as when they were supported with their personal care, was being provided in a way that met their current needs. The care plans that we looked at indicated that reviews of people's care plans should be completed annually. The registered manager told us they were aware that reviews of people's care needed to be conducted more regularly but reassured us that people did receive care that was responsive to people's current needs.

We saw people's religious needs had been identified within their care plans and processes were put in place in order to respond to these needs. For example, one person wished to attend church each Sunday and the care plan detailed the arrangements for this. We checked with staff and were told the person attended church each week accompanied by a member of staff. The registered manager said, "Church is very important to them and they go with their family." They also told us, "We have links with a local Methodist church and there is a coffee morning which enables people to meet their friends."

We spoke with staff and asked them what they would do if a person raised a complaint or concern with them. One member of staff told us if a person raised a concern or complaint with them they would try and address it and report it to the team leader or manager. The staff we spoke with told us they received feedback on complaints and

Good

Is the service responsive?

actions to improve at team meetings. One person told us about the changes they had made to documentation in response to a complaint from a relative of a person who used the service. They said they had discussed the changes made with the person to provide reassurance that staff had taken steps to address their concerns and prevent the issue occurring again. The complainant had told them they were happy with the outcome. A complaints procedure was made available for people who used the service in a format they could understand.

Requires improvement

Is the service well-led?

Our findings

The registered manager had an auditing process in place that assessed the quality of the service people received. Audits were conducted in areas such as the environment, staffing, quality of the food and health and safety. Whilst many of these audits were carried out effectively, when the issues within this report were raised with the registered manager, they were not aware of some of them. For example, they had not identified the lack of risk assessments and the inconsistent approach to reviewing people's care plans. They had also not identified the lack of mental capacity assessments within people's care plans. We raised these issues with the registered manager and they told us they would immediately review these issues as part of their 'improvement plan' which they used to assess the risks to service as a whole.

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

People and their relatives were encouraged to give feedback on their views of the quality of the service provided in order to drive improvement and develop the service. People were invited to attend a 'residents' meeting where people were able to give their views on the service. We saw the minutes of these meetings were provided in an easy read format using words and signs and symbols for people to understand. We spoke with staff and asked them how they gained relatives' views of the service. A member of staff told us, "We telephone the person's relative or carer the day after their visit, to gain feedback following the person's stay." A relative we spoke with confirmed this happened.

Staff were also encouraged to contribute to the improvement and development of the service. The registered manager's Provider Information Return (PIR) stated that there was scheme in place called, 'Bright Ideas', where staff could share ideas on how to improve the service. They also stated that ideas from staff were welcomed at any time but could also be discussed more formally in supervisions or in team meetings if they wished to.

People were supported by staff who enjoyed their job. One member of staff said, "I enjoy working at the home because I like the people and the other staff. I am able to build relationships with people using the service as they come back regularly. There is a good team spirit. We are all like one big family." Staff understood the aims and values of the service and could explain how they contributed to achieving them. One member of staff said, "The aim is to provide a safe and happy environment where people are supported to enjoy daily life." The registered manager told us they ensured that staff provided care and support in line with the aims and values of the service and if the staff fell below what was expected then this would be discussed with them in order to ensure they improved.

The service was led by a registered manager who understood their roles and responsibilities. They ensured the CQC and other agencies such as the local authority safeguarding team were notified of any issues that could affect the running of the service or the person who used the service.

The registered manager told us they ensured they provided the appropriate support for people and staff in order for develop the service and drive improvement. The staff we spoke with all spoke highly of the registered manager. A team leader told us they were given lots of opportunities to develop. They said they had been given the opportunity to go on secondments to broaden their knowledge and skills and the manager had supported them even though it had an impact on staffing at the home. Another member of staff told us, "When a new person comes to the home the manager checks they are happy and their needs are being met. In the same way when new staff started work at the home the manager would check with them to ensure they were confident and competent in their role."

Staff told us the communal areas had recently been re-furbished and re-decorated. They told us they had taken people who used the service on a trip to look at furniture and they had chosen the sofas which were then purchased and put into place. This meant that although people only attended the service for short periods of time, they were involved in decisions about the development of the service.

Regular staff meetings were carried out to ensure staff were informed of the risks to the service and how they could contribute to reducing these risks. The registered manager told us they also used these meetings to discuss policies and any other matters that could affect the quality of the service provided. The staff we spoke with felt their views were welcomed at these meetings. A member of staff told us the meetings were often held in the overlap time between shifts to maximise the people available to attend.

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 11 HSCA (RA) Regulations 2014 Need for consent Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Need for consent The registered manager did always act in accordance with the 2005 Act when decisions were made for service users over the age of 16 who were unable to give consent because they lack capacity to do so. Regulation 11 (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance The registered manager did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); The registered manager did not always assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. The registered manager did not always maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17 (2) (a) (b) (c)