

MNP Complete Care Limited

Millfield House

Inspection report

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Tel: 01303226446

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Millfield House provides personal care and support for up to eight people, at the time of our inspection seven people used the service. Some people using the service had physical and learning disabilities and other conditions such as Cerebral Palsy, Head Injury, MS and the effects of Stroke including sight loss.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways. There were no signs outside the property to identify it as a care home. People were encouraged to be a part of the local community; attending clubs and music events, visiting local shops and cafes.

People told us they felt safe living at Millfield House, they were positive about the staff who supported them. We observed warm relationships between people and staff, people chatted, laughed and interacted well together and with staff. Staff were knowledgeable about people's needs and how they preferred to be supported; they treated people respectfully and with dignity.

However, we found medicines were not always safely managed. There was no process or protocol when people needed to take medicines when they were away from the service and some instructions about giving medicines were not double signed to safeguard against mistakes. Additionally, a medicine administration record and the quantity of a medicine did not correspond, this indicated a possible error in the medicine a person was given.

People's needs had been assessed and they were involved developing and reviewing their care plans. However, some risk assessments and care plans needed updating to fully reflect best practice guidance for staff. For example, about diabetes, stoma and catheter care. One risk assessment referred to incorrect rescue medicine a person needed to be given in the event of seizure.

Recording of accidents and incidents needed to be improved because they were incomplete. Records of the daily care were not always detailed enough to reflect if some people's specific support needs were fully met.

Goals and aspirations were recorded; however, some were dated 2016 and 2017 with no evidence of review or progression. Some people told us the goals recorded did not represent what they wanted to do. Care plans contained some clear information about people and how they wanted to be supported, but they required more personal information about people's goals and aspirations.

Further emphasis needed to be placed upon recording and reflecting people's religious and or cultural choices and to actively ask about and consider any other life choices people may have made. People's end of life wishes were recorded.

People told us the new manager was getting to know them and had already arranged some meaningful activities. A new activities coordinator had been appointed and they were working to broaden the range of activities and events within and outside of the service.

Staff understood how to protect people from abuse and to report any concerns they may have. There were enough staff to meet people's needs, who had been recruited safely and had received training and supervision.

Information about how to complain was available to people and processes to record, investigate and respond to any complaints were well established. People were asked their opinions about the service by attending meetings and completing surveys, suggestions made had been acted upon.

People and staff were very enthusiastic about the new manager, describing her dynamic, approachable and friendly. People had built strong relationships with staff and told us the service felt like a family home.

Rating at last inspection:

This is the first inspection since the service registered under a new provider name on 14 May 2018. The staff had remained the same and prior to the provider name change the service was rated Good (report published 23 January 2018)

Why we inspected:

We inspect all newly registered services within the first year, this was a planned inspection.

Follow up:

Following the inspection, we requested and received an action plan and evidence of improvements made in the service. This was requested to help us decide what regulatory action we should take to ensure the safety of the service improves.

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

Enforcement:

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Millfield House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Millfield House is a care home without nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been in post for two days, they had not yet started the application process to become registered manager although it was their intention to do so.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection the provider completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service and looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection. At the time of this inspection a matter reported by the provider was being investigated by the police and local safeguarding authority. Since the

investigation was ongoing, a finding had not been made.

We spent time with each person living at the service. We received feedback from five people. People were able to express their experiences of living at the service and we observed staff interactions with people in communal areas.

We contacted health and social care professionals to obtain feedback about their experience of the service. We received feedback from the local authority safeguarding team and a local authority commissioner.

We spoke with five staff including; the cook, care staff, a team leader, the manager, the director of care and two of the company directors.

We looked at a selection of records including four people's care records as well as aspects of other care plans. We also checked medicines records, records of accidents, incidents and complaints, the provider's and manager's monitoring and audit records, four staff recruitment files and staff supervision records. We reviewed staff training, staffing rotas, records of meetings with relatives and staff and as well as fire, health and safety and maintenance records.

We asked the manager to send us additional information after the inspection. We asked for copies of the staff training matrix, evidence of some safety checks together with a recent audit and the development plan for the service. These were received in a timely manner.

Is the service safe?

Our findings

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

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always safely managed.
- We looked at medicine administration records (MAR). One person received an anticoagulant used to treat or prevent blood clots in veins or arteries. Records showed a day when the person had possibly not received enough medicine. Staff counted the remaining tablets to check them against the stock balance to determine if the correct dose of medicine was given. However, there were seven more tablets than expected. This indicated an error in the stock balance or that the person had not received enough medicine on more than one occasion. We discussed this with the manager who agreed to contact the specialist nursing team who had prescribed the dose to make sure the person remained safe.
- Best practice and published guidance sets out that when directions are hand written by staff on MAR charts, they should be checked and signed by two members of staff. This is to ensure the hand written information is correct. Some of the MAR charts looked at were not checked and signed by a second member of staff, this increased the risk of error.
- When some people were away from the service and needed to take medicines with them, there was no process or protocol to make sure this was done safely. Therefore, there was no record to confirm that people had access to required medicines when outside of the home, or a process to book in any medicine people had taken with them which was returned or spoiled.
- Comparison of training records and the staff rota showed that not all night staff were trained to administer medicines and there were occasions when two untrained staff were on duty together. We discussed this with the manager. They explained they were aware of this and had organised future staffing to ensure at least one member of night staff was medicines trained. In the interim, an on-call system enabled night staff to contact trained staff in the event that medicines needed to be given during the night.
- Some measures were put in place during the inspection to improve the management of medicines. Following the inspection, we received an action plan setting out revised procedures, training and competency checks for staff.

The provider had not ensured the proper and safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to attend appointments with health professionals to review their medicines to make sure they met their needs. Reviews of prescribed medicines ensured their use and dose remained appropriate to avoid any risk of overmedication.
- The manager had recently audited medicines and identified some quantities that did not match the number expected. They had prepared guidance for staff and arranged a staff meeting to address this matter.

Assessing risk, safety monitoring and management

- Risk assessments did not always give correct information for staff to follow and potentially did not provide enough guidance needed to keep people safe. This introduced a risk that people would not receive the correct support or safe or consistent care.
- For example, a risk assessment to support a person if they had epileptic seizure gave incorrect information about the rescue medicine the person may need. There was no information about how seizures may present, how staff may recognise onset of a seizure or how to support the person. A risk assessment around percutaneous endoscopic gastrostomy (PEG) care required more guidance for staff. A PEG is a plastic tube put into the stomach through the skin of the abdomen. PEG tubes are most often used to give food, liquids and medicines if it cannot be taken orally. For example, PEG feed guidance should include information for staff about care of the PEG site, signs of infection, how to clean the site, how to rotate the PEG, how far to withdraw the tube and what to do / who to contact if things go wrong. The risk assessment did not include this information. Risk assessments for diabetes required more information. For example, to include specific reference to eye and foot care together with ensuring any eye screening tests took place. Diabetes can increase the risk of other health problems, such as foot and circulation problems as well as sight problems and blindness. Risk assessments about catheter care required more guidance for staff. For example, when catheter bags should be changed or replaced and what staff should look out for that may suggest a problem or infection and what action they should take.

The provider had failed to manage risks to people's health and welfare was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff used epilepsy monitors to maintain awareness of people's condition as they slept. This afforded people privacy, as staff did not need to physically enter people's bedrooms to check on them but would be alerted if the person's condition changed or they needed help.
- Checks had been completed on the environment including legionella, water temperatures and on equipment people used to mobilise. These had been recorded and action taken when issues were identified. The fire risk assessment was current, staff had taken part in fire drills, and checks had been completed on fire detection and prevention equipment. Each person had a Personal Emergency Evacuation Plan (PEEP). This detailed the level of assistance and the type of equipment people needed to reach a place of safety in the event of an emergency. PEEPs were detailed, and associated risk assessments identified that some people used paraffin-based emollients on their skin, which could increase risk of burns and injury in the event of a fire.

Learning lessons when things go wrong

- A system was in place to monitor accidents and incidents, but we could not be confident that all accidents and incidents were recorded. This was because a body map in a person's care plan showed an injury sustained during an accident with their wheelchair, but there was no corresponding incident report and no other documents to support any resulting investigation or steps to reduce risk. This was an area identified as requiring improvement.
- Of the incidents and accidents recorded, analysis took place to reduce the risk of them occurring again, for example, in relation to falls management.
- The manager and staff told us accidents and incidents were discussed in hand over meetings to make sure everyone was aware of how to minimise risks of the accident or incident occurring again.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to monitor and report safeguarding concerns.
- Staff knew how to spot signs of abuse and mistreatment, they knew how to report it and had received

safeguarding training.

- Staff had confidence in the management team and provider to appropriately deal with concerns.
- Staff were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety. One staff member told us, "I'd report any abuse to the manager. If I felt I needed to, I would raise it with the owners or the local authority."
- A safeguarding procedure was available to people and staff together with relevant contact numbers. They told us they were aware of it and how to report any concerns.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. People told us they received support when needed. One person said, "It's hard to find fault with the staff, help is always available if I need it." During the inspection, staff responded to people quickly, people did not have to wait.
- The manager used a dependency tool to calculate the number of staff needed, staff told us staffing numbers were changed if people's needs changed. Rotas showed there were suitable numbers of staff to provide the care and support people were assessed as needing.
- Staff were recruited safely following the provider's policy. This helped to make sure only staff who were suitable to work with people living in the service were employed. Application forms were completed, any gaps in employment were investigated, references and proof of identity were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who use care services.

Preventing and controlling infection

- The service was clean and odour free. There were enough domestic staff to maintain the cleanliness of the service.
- Staff received infection control training and we saw they used personal protective equipment, such as gloves and aprons, when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider or manager met with people before they moved into the service to make sure staff could meet their needs.
- The pre-admission assessment covered all areas of the person's life, including the protected characteristics under the Equalities Act 2010 such as their culture and sexual orientation.
- People's health needs were assessed using recognised tools following national guidelines.

Staff support: induction, training, skills and experience

- Staff had the training, skills and experience to provide the support people needed. People had confidence in the staff who supported them. One person told us, "They're great, I get all the support I need, they know what they are doing, I can't fault them." Another person commented, "I have no issues about the staff or care, for me, it is excellent."
- Staff received a mixture of online and face to face training. All subjects considered essential by the provider were completed including moving and handling.
- There was a training matrix in place, showing when staff required refresher training to keep up to date. Training included subjects specific to people's needs, such as epilepsy, diabetes and stroke training. This helped to ensure staff had the knowledge required to support people.
- New staff completed an induction, which included working with more experienced staff, to learn people's choices and preferences. The induction process included the Care Certificate. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work within the care sector.
- The management team checked the competency of new staff to support people before they worked independently.
- Staff received supervision and yearly appraisal to discuss their development and training needs.
- Staff told us the provider and manager were approachable and supportive. Staff were confident to take any concerns they had to them.

Supporting people to eat and drink enough to maintain a balanced diet

- People received a balanced diet and were supported to drink enough, they were very positive about the chefs, the quality and choice of food. The chefs had a good understanding of people's dietary needs, such as, who was diabetic, what allergies people had and the texture of food people needed who had been assessed as at risk of choking.
- Menu planning was set around people's preferences, but they told us they could still choose something different if they changed their mind.
- Vegetarian or cultural diets could be accommodated, but no one wanted this at this time.

- Some people used adapted cutlery and crockery, which enabled them to eat independently.
- People who needed support to eat received it. A member of staff supporting one person to eat reminded them how they should hold their head up when they swallowed, to reduce the risk of choking. They supported the person patiently, allowing them to eat at their own pace.
- People were encouraged to drink plenty. One person told us how staff had asked which coffee they preferred and specially ordered in the same brand the person used to drink at work.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where people required support from healthcare professionals, this was organised, and staff followed guidance provided. Information was handed to other agencies if people needed to access other services such as the hospital.
- There were no current concerns about people's weight. When concerns had previously arisen, people had been referred to a dietician.
- GP's and district nurses visited the service regularly to help people to maintain their health. People were supported to access services such as dentists, chiropractors and opticians, together with specialist services such as cancer specialists and the anticoagulant clinic.
- People told us their relatives were kept informed if there were any concerns about people's health.

Adapting service, design, decoration to meet people's needs

- The building was a converted townhouse providing accommodation over three floors and was adapted to meet people's needs. A ramp at the front allowed wheelchair access and a passenger lift enabled people to access each floor. One person told us, "I have no problem navigating the ramp in my chair, I go in and out as I like, it's really quite easy."
- Wet rooms allowed easy access for people with limited mobility and sufficient space for staff to support people when needed.
- Other aspects of the service were adapted. For example, one person used a Possum system which enabled them to switch their light on and off independently from their bed as well as it being linked to the call bell system. A Possum system is an electronic assistive device to help disabled people and the elderly live more independently.
- A recent feasibility study found it was not possible to modify the floor level in the kitchen to allow for wheelchair access. The provider proposed to build a breakfast bar to enable people to help themselves to some food and make toast. A drink station already enabled people to help themselves to hot and cold drinks.
- There was a garden with a paved even surface and outdoor furniture. People told us they were looking forward to spending time outside in the summer.
- People's rooms were personalised to reflect their choices and preferences. One person who recently moved to the service brought their arm chair and paintings with them.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires, that as far as possible, people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions any made on their behalf should be in their best interest and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where needed, capacity assessment were completed and each person had capacity to consent to care and treatment and made their own decisions about this. Therefore, no DoLS applications had been made.
- Staff supported people to make decisions about their care and how to spend their time by allowing them time to process information and express their views, offering choices or prompting people with suggestions.
- Staff respected the decisions that people made about their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with dignity and respect. Staff asked people about their choices and acted on what they said.
- People told us they were comfortable asking staff for support when they needed it. One person told us, "It takes me a long time to speak, I never get rushed along though."
- People were supported to maintain relationships that were important to them, visitors were welcome at any time. Staff had arranged for a family member to go on a day trip with one person and other people were supported to visit their friends and family. Other people told us their friends and families visited them regularly which they enjoyed.
- People were able to move around the service and were supported when required. People had choices about how they wanted to spend their time. They went back to their rooms when they wanted to and spent time in communal areas. Some people went into town either independently or with staff.
- People had built up trusting relationships with staff, they interacted effortlessly, often chatting and sharing humour.

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

- People were encouraged to express their views about their care and support. Care staff met with people regularly to discuss their care plans and if any changes were needed.
- People's decisions about the extent of support needed were respected by staff and recorded in the care plan. Staff understood people's likes and dislikes, they knew how this would affect their decisions.
- Some people had signed their care plans showing they were involved in decision making and they had agreed with what the plan said. Other care plans showed people had verbally agreed with it.
- Staff supported people to express their views when they attended healthcare appointments and be involved in decisions about their care. For example, when attending neurology reviews or receiving assessments by occupational therapists for new equipment.

Respecting and promoting people's privacy, dignity and independence:

- People were encouraged to be as independent as possible. For example, people told us, staff helped them to wash but encouraged them to do as much for themselves as possible. Other examples included providing equipment for people to eat and drink independently. Care plans gave staff information about how to support people. We saw and people told us they were treated with dignity and respectfully.
- Staff anticipated when people needed assistance, we observed staff prompt one person to tilt their head backwards to help them swallow their food safely. Another person was reminded about how to mobilise safely.

- Staff knocked on people's doors and waited to be asked in and people moved around the service independently.
- People's care records were kept securely, staff understood their role to maintain people's confidentiality.

Is the service responsive?

Our findings

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

Requires improvement: This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were positive about the care they received. One person told us, "Staff are very helpful, I can't fault the care. This is the first place I feel I can call home in two years. Another person told us, "The care I receive is as I want it." However, care was not always personalised to meet each person's needs.
- Goals and aspirations were recorded for most people, but the success of outcomes was mixed. Some goals dated back to 2016/2017 and had not been reviewed or updated. One person said their goal did not reflect what they wanted to do. They told us, "At the moment it's rubbish, there are no staff to support me with my walking." They explained they had previously received support from staff with physiotherapy exercises to improve their mobility following a stroke. However, another person, who had recently moved to the service, received physiotherapy at the service arranged following their discharge from hospital. We discussed this with the manager and director of care. They agreed to make relevant referrals for physiotherapy and look at the feasibility of using existing resources within their organisation to provide physiotherapy and hydrotherapy support.
- The manager and director of care had identified that care plans required further information about people's histories, culture and life choices and that goals and aspirations required review. They had developed an action plan to address this. They explained they had invested in an electronic care planning system with the intention of addressing the shortfalls in the current system. We will review the impact of these changes on people at our next inspection, currently this is an area identified as requiring improvement.
- Activities took place at the service and within the community. People attended clubs and events either independently or with the support of staff. The service had recently employed an activity coordinator to broaden the range of activities to suit more individual interests. They were in the process of introducing an activity planner based around what people told them they wanted to do. One person reflected positively about a fish and chip lunch during a recent trip to the seafront. They told us about a trip to a beach, which was particularly sentimental to them, and their enjoyment of hearing the waves against the stones. They told us staff put on films they were familiar with, they explained since losing their sight listening to films they knew enabled them to visualise the film as they remembered it.

Meeting people's communication needs

- People were supported with the use of technology to support their communication needs. Some people were unable to physically verbalise their views, however assistive technology enabled them to do so. One person used a display screen operated by a button positioned on the headrest of their wheelchair. They used their head to select words and phrases they wanted to say. When compiled, the system read the sentence which enabled them to verbalise their views and wishes. Other people used similar systems to support their communication. Another person used a mobile telephone pendant, staff had programmed telephone numbers into it. This enabled the person to call friends and family at the press of a single button,

they explained previously they needed to ask staff to dial the number for them.

- The service was working according to the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. The registered persons had actively considered accessibility of information provided to people. For example, they recently installed a touch screen enabling people to access information about equality and diversity, safeguarding and how to make a complaint. This enabled people to view and listed to key information. The director of care explained more information would be added to this system.

Improving care quality in response to complaints or concerns:

- The provider had a complaints process and people told us they would speak to the manager or provider if they had a problem.
- There had been two complaints received since the service registered under the new provider name. One was being investigated and the other was resolved to the person's satisfaction.
- People we spoke with told us they were happy and had nothing to complain about.

End of life care and support:

- People were asked about their end of life wishes and, when they were comfortable to discuss them, this was recorded.
- The service was not supporting anyone at the end of their life. However, in this situation the director of care described how staff would work with other professionals such as the GP, district and specialist nurses to keep people comfortable.
- There were processes to ensure end of life medicines was available if needed.
- The manager planned for staff to have end of life training in the future.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had been in post for two days, their checks, and audits carried out by the provider had identified some areas which required improvement. These included medication management and administration, aspects of care planning and risk assessments as well as the completeness of notes of daily care. They and the director of care had compiled an action plan to address the areas identified and arranged a meeting with staff to address their concerns. However, at the time of the inspection, they had not had sufficient time to effect the changes needed. We will review the impact of these changes at our next inspection, currently this is an area identified as requiring improvement.
- The manager demonstrated a clear understanding of regulatory requirements. Staff were clear about their roles and the expectations placed upon them.

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

- People were able to express their views about the service. They attended regular meetings where they discussed menus and activities they wanted. Some activities discussed had taken place and the provider had employed an activity coordinator to accommodate the activities people wanted to do. People were reminded about how to complain if they had a concern.
- People's suggestions had been actioned including the redecoration and replacement of floor coverings in the lounge and dining area.
- People told us the cook often asked if they were happy with the food choices provided and considered suggestions for menu planning. One person told us, "You can have whatever you want when you want, all you have to do ask."
- Staff meetings were held, and staff felt included in the running of the service. They told us they had recently attended a workshop to draw up a charter of care. This had then been repeated with some people at the service to ensure their views were reflected. The charter set out the values and behaviours expected by staff and what people could expect, it had been agreed and was due to be published.
- Quality assurance surveys had been completed by people, relatives and staff. The results had been positive, action plans had been put in place when suggestions had been made. For example, the lounge and dining area had recently been redecorated as people had requested.
- The service had developed pictorial questionnaires to help enable people to express their views. People told us they found them easy to use.

Continuous learning and improving care; Working in partnership with others

- Two people told us they had recently completed application and interview processes and had been appointed as quality assurance checkers by the provider. They explained this was a paid role and they would speak with people receiving care at each site owned by the provider. Any issues identified would be reported to the relevant managers and directly to the provider.
- The manager intended to attend local forums to keep up to date with changes in health and social care.
- The service worked with other agencies to provide people with joined up care, for example, staff were working with occupational therapists to ensure mobility and moving and handling procedures within the service were safe and met people's needs.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open and transparent culture within the service. People and staff told us they could contact the management team at any time and felt supported. One member of staff commented, "This is the best service I have ever worked for." Another commented, "I am very proud of the support we provide."
- Values, behaviours and performance expected from staff were discussed with them during supervisions to ensure they were fully understood and demonstrated.
- Staff felt the culture at the service was transparent and open. People using the service thought the service was well led.
- The provider frequently visited the service, they knew people by name, were aware of their support needs and were instrumental in sourcing and delivering the support required.
- Staff discussed people's support at handover each change of shift, they were kept informed of any changes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured care and treatment was provided in a safe way for service users because risks to the health and safety of service users were not fully assessed or mitigated and medicines were not safely managed. Reg 12 (1)(a)(b)(g)