New Life Care Limited

Magnolia 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 8 and 16 November 2017 and was unannounced.

Magnolia House provides accommodation and personal care for up to three people with a learning disability. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Three people were using the service at the time of our inspection.

The service had a registered manager in post. 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.

People using the service were not always kept safe. We found there were no restrictors on windows on the first floor, where people were at risk of falling from a height. In addition, this was not in line with guidance on national safety standards for people living in a care home. The registered manager had identified the risk of a person falling out of a window. However, they had not taken the necessary action to minimise the risk of avoidable harm. We issued a warning notice after our first day of inspection in relation to the safety of people using the service; by the second of day of inspection, the provider had taken appropriate action to address this concern.

Aspects of the premises were cluttered with fitness equipment, containers with activity aids and furniture. There were loose floor tiles in an office/lounge, an unsecured skirting board in one of the corridors, and insufficient lighting on the first floor landing, which put people at risk of falls, trips and/or injury.

People did not always receive the support they required in line with the restrictions placed on them by a supervisory body under the Deprivation of Liberty Safeguards (DoLS).

Quality assurance checks and audits were not always effective in identifying and resolving shortfalls at the service.

People received support from a sufficient number of staff deployed to meet their needs. The provider carried out appropriate recruitment checks and ensured they employed staff who were suitable to provide care and support.

People were protected from abuse because staff understood the provider's safeguarding procedures to identify and report abuse. Staff minimised the spread of infection by following good hygiene practices.

People's care was delivered by staff who were supported, supervised and appraised in their roles. Staff

underwent training required to undertake their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did support this practice. Staff ensured they sought people's consent before providing care and treatment.

People enjoyed the meals provided at the service and received the support they required to maintain a healthy and balanced diet. Staff supported people to access healthcare services when needed.

People were treated with dignity and respect. Staff respected people's privacy. People told us the staff were kind, caring and respectful.

People took part in the assessment and planning of their care and support. Staff had sufficient guidance about how to provide people's care. People received care that responded to changes in their health and support needs. People enjoyed taking part in a wide range of activities of their choosing.

The registered manager sought people's views about the service and acted on their feedback. People using the service and their relatives knew how make a complaint if they were unhappy.

People using the service, their relatives and staff were happy with the registered manager and the management of the home. Staff understood their roles and responsibilities and followed the provider's vision by providing person centred care.

The registered manager worked closely with external agencies to improve the quality of care they provided to people using the service.

We found one breach of regulation relating to safe care and treatment and issued a warning notice. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People were at risk of avoidable harm from falling from a height. Assessments identified risks to people's health and well-being. However, risk management plans were not adequate to mitigate the likelihood of harm. We took action and issued a warning notice to the provider who resolved the issue by the second day of our inspection.

There were sufficient numbers of staff who were suitably recruited and deployed to meet people's needs.

Staff knew how to identify and report abuse to keep people safe.

People received their medicines when needed from staff who were trained to undertake this duty. Staff administered and managed people's medicines in line with the provider's procedures.

Staff protected people from the risk of infection.

Is the service effective?

Requires Improvement

The service was not always effective. People's care delivery did not always meet the requirements of the Mental Capacity Act (2005). People gave consent to care and treatment. However, people did not always receive the support they required as stipulated in the Deprivation of Liberty Safeguards (DoLS) authorisation granted by a supervisory body.

The premises were not always suitable and safe for people. Repairs were not done in a timely manner, which put people at risk of trips, falls and/or injury.

People were supported by skilled and competent staff. Staff received training, supervision and the support they required to make them effective in their roles.

People received sufficient food and drink and enjoyed the meals provided at the service. Staff supported people to maintain a healthy diet and to develop their cooking skills.

People had the support they required to maintain their health

and to access healthcare services.

Is the service caring?

Good

The service was caring. People using the service and their relatives highly commended staff for their kind and caring manner. People enjoyed positive working relationships with the staff who provided their care.

People were involved in making decisions about their care.

Staff treated people with respect and supported them to maintain their privacy and dignity.

People received support to develop and maintain relationships that mattered to them.

Is the service responsive?

Good

The service was responsive. People received care that met their individual needs. People had their needs assessed and reviewed regularly. Staff followed the guidance provided in people's support plans to deliver care.

People enjoyed taking part in a variety of activities at the service and in the community.

People using the service and their relatives were asked their views about the service. People knew how to make a complaint and were confident their concerns would be resolved.

Is the service well-led?

Requires Improvement

The service was not always well-led. There were checks and audits carried out on the quality of care provided at the service. However, the audits failed to identify and rectify shortfalls identified in this report.

People using the service, their relatives and staff commented positively about the registered manager and the leadership of the service. Staff understood their roles and responsibilities and were valued at the service.

People benefitted from the close working partnership of the provider with external agencies and other health and social care professionals.

Magnolia 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 8 and 16 November 2017. We gave the service 48 hours' notice because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection, we spoke with two people using the service, two care staff and the registered manager.

We reviewed three care records of people using the service, their medicines administration records and risk assessments. We looked at three staff records including recruitment, training, and supervision and duty rotas. We also looked at audits and checks of the service and management records relating to complaints, safeguarding reports, incidents and accidents.

After the inspection, we spoke with two relatives of people using the service. We received feedback from three health and social care professionals who were involved in the care of people using the service.

Requires Improvement

Is the service safe?

Our findings

People were not always safe at the service. The registered manager assessed and identified risks to people's health and well-being. Despite a risk assessment in place identifying a concern of a person falling from a height, the provider and registered manager did not put measures in place to ensure the risk was as low as is reasonably practicable to protect people against the risk of receiving unsafe care and treatment. In addition, the provider did not ensure they complied with statutory requirements, national guidance and safety alerts in relation to keeping people safe from avoidable harm.

We raised the issue with the registered manager because we were concerned that a person could fall from a window where the drop was high enough to cause injury or death.

The above constituted a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014.

Due to the serious nature of our concerns, we issued a warning notice after the first inspection day to ensure the provider and registered manager complied with the regulation to ensure people received safe care and treatment. We reported these issues to the local authority who commissioned placements at the service.

The provider and registered manager had 10 working days to make representations against the warning notice, which they did not make.

On our second inspection day, we found that the provider and the registered manager had taken action to resolve our concerns. Restrictors were installed on all windows on the first floor which made them secure as required. This ensured people were protected from the risk of falling from a height.

Systems were in place to help protect people from abuse. Staff knew how to recognise signs of abuse and the safeguarding procedures to follow when they identified potential concerns to people's well-being. One member of staff told us, "I have to inform the [registered] manager as soon as possible." Staff knew they could alert external agencies such as the local authority safeguarding team, the police or the Care Quality Commission when they had concerns about people's safety. They understood the whistleblowing procedures to follow if there were poor practice or concerns about people's welfare that remained unresolved. Information about safeguarding and whistleblowing was displayed at the noticeboard in the service.

People received support from a sufficient number of suitably skilled staff who were deployed to meet their needs. One person told us, "Yes, there is always someone around. I have no worries." One member of staff told us, "We manage." The registered manager and provider supported people at the service and provided cover for health and social care appointments and activities at the service and in the community. Regular agency staff, who knew people well, were used to cover staff absences, and duty rotas confirmed this. This ensured that people received care from staff who were familiar with their needs and the support they required to keep safe.

People received care from staff who were suitable for their roles. New staff underwent appropriate recruitment checks. Records confirmed the provider carried out checks on staff's identity, right to work in the United Kingdom, employment history, references, previous care experience and training and Disclosure and Barring Service (DBS) checks. DBS checks enable providers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

People received the support they required to manage and take their prescribed medicines safely. One person told us, "Staff help me with my medicines." Another person said, "They remind me when it's time for me to take my tablets." Staff knew the effects of the medicines people took and worked closely with the person's GP if they had any concerns. Staff supported a person to monitor their blood sugar levels through glucose tests and maintained records for review by the community nurses. Staff told us they explained to the person the need to take their medicines at prescribed times and when the blood sugar levels fell outside the desired range to minimise the risk of over/under dose. This ensured the person received safe dosages to manage their blood sugar levels.

The registered manager assessed each person's ability to manage their medicines and ensured staff had sufficient guidance to support them. For example, staff knew when to involve healthcare professionals when a person refused repeatedly to take their medicines, as this could be a sign of decline in their mental health. Medicines administration records (MARs) we reviewed were completed accurately and indicated that people received their medicines as prescribed.

People were kept safe from the risk of infection. Staff followed good infection control and food hygiene practices. One member of staff told us, "I use gloves and wear an apron when providing personal care." Another member of staff told us, "We store vegetables away from raw meat in the refrigerator. We label foods with dates of opening and expiry dates." Staff told us they had access to personal protective equipment and practiced good washing techniques to control the risk of spreading of infection and cross contamination.

People were kept safe in the event of an emergency at the service. Staff understood the provider's procedures to evacuate people from the building and knew the support each person required to do so safely. Staff told us and records confirmed they had received training in fire safety. There were regular checks on alarm tests, emergency lighting, smoke detectors and electrical equipment used at the service. Staff practiced fire drills, which enhanced their preparedness in a case on an emergency at the service.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

A person did not always receive care in line with the restrictions placed on their liberty by a supervisory body as highlighted in a DoLS authorisation granted by the local authority safeguarding team. The person required support of staff to access the community. However, this condition was not always followed as the person sometimes travelled alone with private transport back to the service after an outing. We raised this issue with the registered manager who told us that, while they had plans in place to ensure the person always had a member of staff, there were instances when this could not be done. The registered manager informed us they would involve the health and social care professionals responsible for the person's care to review the restrictions placed on the person's liberty. We could not be confident that the registered manager ensured that people's freedom was consistently restricted lawfully in line with the conditions of their DoLS authorisation. This may have put the person at risk of abuse when they were out in the community.

People consented to care and treatment. One person told us, "Staff ask me how I want things done. They listen to what I have to say." While staff understood and respected people's choices about care delivery, they knew their responsibility to alert the registered manager when a person repeatedly declined to have care and treatment. Records confirmed healthcare professionals were involved in a timely manner to prevent a person's health from deteriorating when they repeatedly refused care.

People lived in an environment that was not well maintained. On our first inspection day, we observed that parts of the premises were cluttered, which made it unsafe for people using the service. Although some repairs and maintenance issues had been identified, the registered manager had not acted in a timely manner to resolve these. There were loose floor tiles in an office/lounge that people used. In addition, there was an unsecured skirting board next to one person's bedroom and insufficient lighting on the first floor landing. These issues put people at risk of falls, trips and/or injury. We noted wiring for the CCTV camera at the service was not secured appropriately and this had affected one window, resulting in it not closing properly. We raised these issues with the registered manager.

On our second inspection day, we found that the provider and the registered manager had taken action to

resolve our concerns. The office/lounge had been decluttered and provided an appropriate environment for people to relax and undertake activities without the risk of harm. The skirting board was fixed and the floorboards had been secured temporarily until a refurbishment programme planned in the following weeks. CCTV wires were not secured appropriately however, there were plans to have these sorted out the week of our inspection.

People received care from staff who were knowledgeable and skilled about their role. One person told us, "They are good at what they do." Another person said, "I like them. They help me as they should." Staff told us they had opportunities to attend training and had access to courses on people's specific health conditions. Records showed the registered manager maintained a schedule and ensured that staff attended the provider's mandatory training when required. Records confirmed staff were up to date with their training in safeguarding adults, food hygiene, infection control, health and safety, medicines management and specialist courses in people's conditions such as diabetes, epilepsy and dementia awareness.

People's care was delivered by staff who received support to undertake their roles. Staff told us and records confirmed they received regular supervision to discuss their practice and the support they required to do their work. The registered manager carried out an annual appraisal of staff's performance where they determined their learning and development needs. Staff received additional support and training which they said equipped them with the knowledge and skills to do their work.

People were supported by staff who knew how to provide their care. New staff undertook an induction process before they started to provide care to people. The induction included familiarising themselves with people using the service, their care and support plans, the environment and reading the provider's policies and procedures. New staff also completed the provider's mandatory training and induction before being confirmed in post.

People were supported to eat healthily. People's food likes and dislikes and preferences were known. One person told us, "The food is nice." Another person said, "I do cook and prepare meals for my housemates. We have choices of what to eat. It's never an issue." Staff involved people in planning their menus and encouraged them to maintain a balanced and nutritious diet. Records confirmed people's dietary and nutritional needs and the support they required with eating and drinking. People were supported to develop their cooking skills. People had access to the kitchen and were able to prepare food and refreshments with the support of staff as identified in their care plans.

People received the support they required to maintain their health. People told us and records confirmed they had access to healthcare services when needed. This ensured their health needs were met. People were seen by their GP, chiropodists, and health specialists such as psychiatrists and supported to attend medical appointments and reviews. People had health action plans, which enabled staff to monitor and report to healthcare professionals changes in their conditions. Records showed staffed monitored a person's condition and the timely intervention made by healthcare professionals had minimised the risk of deterioration of their health.

Good

Is the service caring?

Our findings

People were happy living at the service. One person told us, "They [staff] care a lot." Another person said, "The staff are very nice." People using the service and their relatives commented that staff were kind and caring. Comments from relatives were highly positive and included, "The home gives a nice, caring and welcoming environment" "Staff go beyond their way to make [person] happy" "The staff are very caring, both the [registered manager and provider] are extremely caring, and very loving. They go out of the way to make [family member] happy." We observed staff were respectful in their manner when their interacted with people. Staff showed interest in people's plans for the day and supported them to prepare for an outing. The environment at the service was friendly and we observed people were comfortable around staff.

People were supported by staff who knew them well and understood the support they required. One person told us, "The staff are eager to help. They know what I need to do and remind me gently." Another person said, "I like them. They help me with what I need." Care records identified people's goals, hobbies, interests, likes and dislikes and preferences. One member of staff told us, "It's important we get to know each person. They are all different; with different tastes and wants." Staff were able to tell us about people's wishes and how they respected people's choices for example, by planning with them how they wanted to spend their day, when to eat, the time they went to bed and how they wanted to dress. Staff worked closely with relatives who were involved in people's care and received information about how each person preferred to be supported. This enabled people to receive care that was centred on their preferences and needs. Records showed that people received the support they required to help them work towards accomplishing their goals. Staff were able to monitor a person's progress in attaining their goals such as accessing the community independently and doing their own shopping.

People enjoyed good working relationships with the staff who provided their care. One person told us, "I trust the staff and the [registered] manager. I feel comfortable to talk to them about any worries I might have." Another person said, "Staff know what I like and don't like; because I tell them and they listen." One relative commented, "[Person's name] is treated as one of the family and as such we are more than satisfied." Another relative said, "The manager and staff spend time with [family member]. They really know what makes [person] happy." We observed people talked to staff in a manner that showed they had established good relationships with them.

People were involved in making decisions about their care. One person told us, "I like to choose how I spend my time. Staff give me information about what I could do here at home or outside." Another person said, "They always ask me what I want to do." Staff provided people with information in a format they understood to enable them to make decisions about their day-to-day care. Staff held key-working sessions with people to understand their goals and the support they required and to coordinate their care with family members and health and social care professionals. Staff told us and records confirmed they held monthly meetings with people where they discussed each person's progress with developing skills for daily living. People were able to set goals in line with any conditions placed on them by health and social care professionals about their care and treatment. Staff worked closely with health and social care professionals to ensure people received appropriate support to make decisions about their daily lives.

People had their dignity and privacy respected. One person told us, "They [staff] are polite. They ask and say are you alright before they come in." Another person said, "I decorated my room, it's nice, cosy and comfortable." One person told us they locked their room and that staff asked them for their permission if they needed access to check on cleanliness and their safety. Staff understood their responsibility to treat each person with respect and to maintain their dignity. They were able to explain how they provided care in a dignified way, which included providing care behind closed doors, respecting people's choices, supporting them to maintain their personal hygiene and to dress appropriately. Records showed staff spoke about people's conditions in a dignified manner and provided care in a respectful way.

People's records were securely stored and accessible to authorised staff. Staff told us they followed the provider's procedures when sharing information about people with third parties, such as obtaining their consent and on a need to know basis.

People were supported to maintain relationships that mattered to them. One person told us, "The staff and manager know my family. They are supportive with my relationship with them." One relative told us, "[Registered manager] drives out with [family member] to come and visit us because of my circumstances. I don't drive. We are able to spend quality times with [family member] and go out for a meal. We can't thank the manager enough for this." People's records identified relatives, friends, and health and social care professionals that were important to each person.

Staff knew the support people required to maintain their relationships. For example, the registered manager worked closely with family to use technology such as video calling which enabled a person who was non-verbal to see their family on a tablet. This made the person happy, as they were able to see each other by video link on important occasions such as birthdays and Christmas. People were supported to make travel arrangements and visit their families. Family members and relatives were welcome at the service and told us the registered manager invited them to celebrate events and have meals at the service. Staff told us there was open communication with people and that they encouraged them to talk about their friendships, but respected their choices. Comments from relatives' questionnaires included, "Staff make us very welcome when we visit [family member]." "The care is excellent. This is all I want in a care home."

Good

Is the service responsive?

Our findings

People received individualised care that met their needs. One person told us, "[Registered manager] makes sure I have everything I need." One relative told us, "I am very happy that the home meets the needs of [family member]. I am satisfied that they are doing all they should be doing to support [family member]." People's health and social needs were assessed before they started receiving care at the service. The registered manager involved people using the service, their relatives where appropriate and health and social care professionals to gather information about their support needs.

People told us their care plans, which the registered manager developed after assessing their needs, reflected their background, life histories, likes, and dislikes and how they preferred to receive care. Support plans provided guidance to staff about how to manage people's health conditions and how to identify changes that may have an impact on their well-being. For example, staff knew the signs when a person's mental health showed signs of decline. Staff had contacted the person's GP and their social worker, which enabled the person to receive timely care that responded to their changing needs. Care and support plans were reviewed and updated regularly. Staff knew the changes in people's health and support needs and daily observation records confirmed people received care that was appropriate to their needs.

People took part in a wide range of activities. One person told us, "There is a lot for me to do here." Another person said, "I do the things I like here at home or when I go out. I am never bored." One relative told us, "The manager is amazing. She has supported [family member] to go abroad on holidays and around the country on many trips. It's something that we as a family are very happy about." Staff had information about people's preferences and hobbies and encouraged them to pursue their interests. For example, people told us and records confirmed they attended a gym, fitness classes, church services, cooking classes, undertook walks in local parks and enjoyed shopping, going to cinemas and disco and outings in the community. We saw photographs of people enjoying themselves on outings, which staff supported them to share with their families as they wished.

People were encouraged to develop their independent living skills. One person told us, "I enjoy cooking. I have set days I cook meals for everyone." Another person said, "I tidy my room and lay the table." People's care plans identified their goals and skills they required for daily living.
Records showed people received the support they required to develop daily living skills such as meal preparation and cooking, housework and chores, laying tables, laundry, budgeting and managing their finances. However, we found the laundry room was full of items, which may discourage a person from carrying out their laundry. We spoke with the registered manager about this. They assured us that they would declutter the room to ensure people had access to a free and conducive environment for doing their laundry.

People received the support they required to meet their spiritual and cultural needs. Staff supported people to practice their faith, attend religious services in the community and to celebrate significant events such as birthdays and anniversaries. Care plans had information about each person's spiritual and cultural needs and the support they required to practice their faith. For example, one person required prompting to

prepare for a church service and staff ensured they made transport arrangements when needed.

People had opportunities to share their views and give feedback about the service. The registered manager encouraged people to talk about their care in daily interactions with staff and ensured they had and regular house meetings and one to one sessions. People told us they were able to discuss meals choices, quality of food and activities provided at the service, their interactions with other persons living at the service and the home environment. Staff maintained minutes of the house meetings and alerted the registered manager of any issues that needed their attention.

People using the service and their relatives knew how to make a complaint and raise concerns about the service. One person told us, "I speak my mind. I would tell the manager or [relative]." Another person said, "I speak to the staff myself." One relative told us, "I have no qualms with the service. I am very happy. I would talk to the manager but I cannot fault them on anything." People had access to a complaints procedure, which they said, had been explained to them when they started to use the service. People had information about how to escalate their concerns to external agencies if they were unhappy with how they had been resolved. The registered manager told us and records confirmed that no complaints had been received in the past 12 months.

Requires Improvement

Is the service well-led?

Our findings

People's care and support was subject to checks and audits to improve service delivery. However, the monitoring of the quality of the service was not effective in that it failed to identify and resolve the concerns we identified in this report. This was in relation to the provision of safe care and treatment and risk management. When we raised the issue of people not receiving safe care and treatment in regards to window restrictors we found that the registered manager did not always understand their responsibilities in relation to risk management. Despite signposting the registered manager to the legislation and guidance in relation to window restrictors, they took time to understand the seriousness of our concern for people's safety. Other audits for the service were up to date and confirmed accurate management of medicines, record keeping, care planning and reviews. Staff training, supervision and appraisals were scheduled and carried out as planned which ensured people received care that was appropriate to their needs.

People using the service, their relatives and staff said the registered manager was friendly and approachable. One person told us, "I can talk to the [registered] manager at any time. She is friendly, a good listener and shows interest in what I do." Another person said, "The [registered] manager is very nice." One relative told us, "The [registered] manager is always on the other end of the line. I feel she is doing a great job." Another relative told us, "Brilliant team [the registered manager and provider]. They are excellent; they have the interests of [family member] at heart." One member of staff told us, "You can ask for anything. The [registered] manager takes her time to explain how things ought to be done. She doesn't hesitate to get her hands dirty." The registered manager was on leave on the first day of the inspection. Staff told us they understood what to do in the registered manager's absence and management arrangements were clear to ensure the smooth running of the service.

Staff told us they understood the provider's vision "to provide person centred care and placing the rights of service users at the forefront of care delivery." They said the registered manager supported them to understand their responsibilities and had job descriptions, which spelt out their roles. Staff told us the registered manager was supportive and that relations and morale within the team were good. Staff said they shared information effectively about people, which enabled them to provide person centred care.

People's care improved because the provider encouraged staff to share their ideas about how to develop the service. Staff told us and records confirmed that they had regular team meetings where they discussed people's health and support needs, the challenges they faced in their roles and suggestions to improve the service. The registered manager discussed proposed changes to the service to ensure that staff were involved and kept up to date about planned developments. Staff completed questionnaires and the results of the 2017 survey showed that they were happy with the training, support from management and that they felt empowered to do their job.

People benefitted from the close working partnership of the registered manager and external agencies and other health and social care professionals. There was regular contact between the registered manager and health and social care professionals to discuss people's well-being and standards of care provided at the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager had not done all that is reasonably practicable to protect people against the risk of receiving unsafe care and treatment.

The enforcement action we took:

A warning notice was issued, and we returned to ensure the provider complied with this.