

Royal Mencap Society

Mencap - East Cornwall Support Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

About the service

MENCAP – East Cornwall Care Service is a supported living service which provides personal care to 34 people living in 11 settings in the east of Cornwall. Some of the settings had previously been registered as care homes. In supported living, people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living and this inspection is focused on the quality of care and support people received.

People's experience of using this service and what we found

We found that staffing levels had improved since our previous inspection. There were now enough staff employed to meet people's support needs and all planned care shifts had been provided. Staff told us, "I think it has got better, [staffing] is pretty good at the moment" and the manager said, "We are pretty good with staffing at the moment." Relatives recognised this improvement and told us, "Staffing has got better, they have more staff." All necessary recruitment checks had been completed to ensure staff were suitable for work in the care sector.

Medicines were managed safely and there were systems in place to protect people from financial abuse. Staff had received safeguarding training and understood their role in protecting people from all forms of abuse and avoidable harm.

Staff received regular training updates to ensure they had the skills necessary to meet people's needs and new staff received appropriate induction training. Staff were well supported by their managers and regular supervision and support had been provided.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. In one setting, we identified there were a number of significant restrictions in place in relation to access to food and snacks. These restrictions had not been recently reviewed and there was a lack of evidence to demonstrate they were necessary and in the person's best interests. In another setting, one person's care plan lacked specific guidance on how staff should provide support when they were upset and anxious. These failings meant the service was in breach of the regulations.

People got on well with their support staff who people told us were, "good fun". Relatives were confident people were well cared for and told us, "Everybody is quite friendly" and "[My relative] has always been well looked after." Staff ensured people's dignity was protected and respected people's decisions and choices.

People's care plans were accurate and provided staff with enough guidance to enable them to meet people's needs. Record keeping had improved and information was kept chronologically. A digital incident reporting system was now in use and all incidents that occurred had been appropriately investigated to

identify where learning or any improvements that could be made. Daily records showed people had been supported to engage with a variety of activities, to develop their independent living skills and to take on responsibility for tasks and chores.

The service had again experienced significant management restructuring since our last inspection. A new manager with previous registered manager experience had been appointed to lead the service in the month prior to the inspection. Following the inspection, the new manager applied to the commission to become the service's registered manager.

The new manager was well respected by the staff team who told us, "[The new manager] is brilliant. She gives you confidence, I am hoping we can hang on to her."

The provider's quality assurance processes had failed to ensure compliance with the regulations. However, prior to the inspection, the new manager had identified concerns in relation to the delivery of care in the supported living settings where the breach was identified. They had made arrangement for additional support to be provided to these settings and took prompt action in response to the feedback provided at the end of the inspection process.

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

Rating at the last inspection

The last rating for this service was Requires improvement. (Report published 05 November 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made. However, the service remained in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We have found evidence that the provider needs to make improvement. Please see the Effective and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

As this is the second time the service has been rated requires improvement will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Mencap - East Cornwall Support Service

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by three inspectors.

Service and service type

MENCAP – East Cornwall Support Service provides personal care and support to people living to the east of St Austell in Cornwall. This service provides care and support to people living in 11 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was not a registered manager in post. However, a new manager with previous experience as a registered manager had been appointed to lead the service. Following the inspection the new manger applied to become the service's registered manager.

Notice of inspection

This inspection was announced. The service supports people who live in their own homes and we needed to seek their consent before visiting.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We met five people who used the service and observed interactions between people and staff throughout the inspection. We also spoke with seven members of care staff, three service managers, the administrator and the new manager.

We reviewed a range of records. This included five people's care records. We also looked at six staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were reviewed, including policies, procedures, medicines administration records, staff rotas and the service's training matrix.

After the inspection

Some of the people we met were unable to talk with us because of their support needs. Following the inspection we spoke with four people's relatives and contacted six health professionals for their views on the quality of care and support the service provided. We also reviewed a range of documents that we had requested from the service during the inspection and spoke with a further five members of staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection we identified a high number of staff vacancies in one setting. On occasions people had not been able to access activities they enjoyed because of staffing levels. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The service now employed sufficient staff to meet people's needs and use of agency staff had significantly reduced. Relatives told us, "There seems to be enough staff, whenever I visit there is enough staff for people to go out if they want" and people said, "There are enough staff at the weekends."
- Staffing levels had improved in the specific setting which we were concerned about during our last inspection. Rotas showed that support was now normally provided by permanent staff and that all planned shifts had been provided. Staff told us, "I think it has got better, [staffing] is pretty good at the moment", "People are safe [in settings name], there are enough staff on shift" and "Not a lot of agency staff as we have relief staff as well. It is a mega improvement." Managers said, "We are pretty good with staffing at the moment" and "We have no agency staff booked in for the next couple of weeks."
- Relatives recognised staffing levels had improved in this setting and said, "Staffing has got better, they have more staff" and "The staffing has been quite settled recently, it is nice for the people who live there."
- We did identify that settings in the Launceston area were using relatively high numbers of agency staff. However, records showed all planned shifts had been provided and a recruitment campaign was underway to resolve this situation.
- The service's recruitment practices were safe. All necessary pre-employment checks had been completed to help ensure staff were suitable for employment in the care sector.
- Where concerns were identified in relation to staff performance, managers had taken appropriate action to resolve these issues and ensure people's safety.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their roles and responsibilities in relation to ensuring people's safety. They were confident any safety concerns they reported would be acted upon and understood local procedures for safeguarding vulnerable adults.
- People were comfortable with their support staff and relatives told us people were safe and well looked after. Staff told us, "People are definitely safe" and "People are very much safe".
- There were appropriate systems and procedures in place to help people to manage their money and prevent financial abuse.

Assessing risk, safety monitoring and management

- Risks were identified and assessed. Appropriate systems and procedures were in place to manage and mitigate known risk whilst enabling people to try new experiences and engage with activities they enjoyed.
- Where staff had identified concerns in relation to choking risks, appropriate referrals had been made to health professionals on how best to manage these risks. However, we did note that the guidance provided in relation to one person's needs had been recently updated. At the time of our inspection this guidance had not been incorporated into the person's care plans. This issue was immediately resolved, and the person's care plan updated.
- Care plans included information for staff on how to support people to manage their anxiety. This guidance was clearly focused on minimising the restrictions on people's individual freedoms.
- Emergency plans and procedures were in place to ensure people's safety in the event of emergency situations.

Learning lessons when things go wrong

- The service used a digital incident reporting system to enable staff in each individual setting to immediately report incidents to their managers. Managers were alerted whenever an incident report was completed, and records showed all incidents had been fully investigated.
- All incident records were reviewed to identify any patterns or trends. Where learning was identified this was shared promptly with staff to prevent similar incidents from reoccurring.

Using medicines safely

- Medicines were administered safely, and Medicine Administration Records had been completed and audited to ensure their accuracy. Where any issues were identified in relation to the quality of medicines records these were raised with staff involved and additional training and support provided.
- Medicines were stored appropriately and there were systems in place to ensure medicines prescribed for "as required" use were given appropriately.

Preventing and controlling infection

- There were appropriate procedures in place to manage infection control risks and personal protective equipment was available to staff when required.
- Staff encouraged and supported people to participate in cleaning and domestic chores within their homes.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

We checked whether the service was working within the principles of the MCA.

- The service had correctly identified that some people, who lacked capacity, were not able to leave their care setting without support from staff. This information had been appropriately reported to the local authority who are responsible for making the necessary applications to the Court of Protection for the authorisation of restrictive care plans.
- In one setting, we found there were a number of additional significant restrictions in place in relation to a person's access to food and snacks. Staff understood these restrictions had been introduced following guidance from health professionals but there was no evidence available to demonstrate this.
- It was clear that the necessity of these restrictive practices had not been appropriately reviewed to ensure the restrictions remained necessary and proportionate. There was no evidence the decisions to impose the restrictions had been made in the person's best interest. In addition, audio monitoring equipment was in use to ensure the person's safety at night, there were no records to demonstrate this monitoring was in the person's best interests and was the least restrictive option available. As a result of these concerns the commission made a safeguarding referral to the local authority following our inspection.
- In another, setting we found that one person's care plan did not provide staff with enough detailed guidance on how to meet their support needs when they became upset and anxious.

The service's failure to regularly review restrictions on people's freedoms and provide staff with detailed guidance on how to support people when anxious was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other settings, there was evidence that restrictions had been regularly reviewed and records were available which demonstrated appropriate best interest decision making.

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

- People were supported to participate in menu planning and meal preparation. Staff understood and respected people's individual preferences in relation to meals. Staff told us, "People have a choice of meals, the people we support decide what to have [at meal times]".
- In one setting people had chosen to use a picture-based menu board to plan their meals. Staff supported people to jointly agree the menu and to purchase the necessary ingredients for their chosen dishes.

Staff support: induction, training, skills and experience

- Relatives told us they were confident staff had the skills necessary to meet people's needs and records showed staff training was updated regularly. Staff told us, "The training is very good, very involved" and "I get training in various things quite regularly. I think it is pretty good training."
- There was a structured induction programme in place for new staff in line with best practice. This included a mixture of classroom-based training and shadowing experienced members of staff. Recently recruited staff said, "It was a pretty intense programme of courses during the first three or four weeks" and "The training took about 12 weeks."
- Staff told us they were well supported by their managers and they received regular supervision and support. This included individual supervision meetings, annual performance appraisals and group discussions of best practice during staff meetings.
- The provider had appropriate systems in place to support staff development. Managers actively supported and encouraged staff to develop their skills and apply for internal promotions.

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

- People's needs were assessed before care was provided to ensure their individual needs and expectations could be met.
- Care plans were initially developed by combining information gathered during the assessment process, with details from the person's relatives and any previous care providers.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to promptly access healthcare services when necessary. Records showed staff had appropriately requested additional support and guidance from professionals when concerns had been identified in relation to people's wellbeing.
- Some people were uncomfortable accessing healthcare services. The service had worked collaboratively with the person, their relatives and health care professionals to develop individualised approaches to enable people to access services when required. One person told us, "[The staff] help me when I go to the doctor."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained good. This meant 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 comfortable and relaxed with their support staff and told us, "[The staff] will help me when I need them" and "They are good fun."
- Relatives were consistently complimentary of the care and support provided by staff in all of the service's settings. They told us, "[Person's name] seems to be very happy", "Everybody is quite friendly" and "[My relative] has always been well looked after."
- Staff and managers took pleasure in describing people's skills and achievements. They had an in-depth knowledge of people's needs and interests.

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

- People were involved in making decisions about their care and how their support was provided. People's care plans included guidance on how to present information and offer choices to enable people to make meaningful decisions. Relatives told us, "[Person's name] has choice, whether it is a good choice or a bad choice, it is his choice" and "They don't make [My relative] do anything they don't want to."
- Daily care records showed people were able to make decisions in relation to what they did and how they spent their time. Where people had capacity, records showed they were able to decline planned support. One person's daily care records stated, "I prompted [Person's name] to put his support socks on. He refused and put them away." Where people declined specific planned activities, alternate suggestions were offered by staff.
- Where routines were important to people these were respected. People choose when to get up and on the day of our inspection one person spent most of the morning in bed as they had stayed up late the previous evening.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and acted to ensure their privacy was protected. Where people required help, this was provided discreetly. Staff recognised they were providing support in people's homes and there were systems in place for staff to use when they needed to discuss issues or concerns with colleagues or managers.
- Some people had expressed preferences in relation to the gender of staff who provided personal care and these preferences were respected.
- Care records were stored appropriately when not in use.
- People were encouraged to develop independent living skills and were supported to engage with a variety of tasks and chores within their homes. People told us, "Sometimes I do help with the cooking" and "I wipe

down the sides after tea and that." Staff told us, "People are supported to do more for themselves now, doing dishes and cleaning things like that. Everyone has their own individual jobs that they enjoy."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

At our previous inspection we found people's care plans were not entirely accurate and this formed part of a breach of regulation 17 of the Health and Social Care Act 2005 (Regulated Activities) regulations 2014.

At this inspection we found the quality and accuracy of people's care plans had improved. These records now provided staff with enough guidance to enable them to meet people's needs. Although this was a significant improvement the service remains in breach of the requirements of regulation 17 as detailed in the well led section of this report.

- Staff told us people's care plans had been updated and improved since our previous inspection. They said, "The care plans seem pretty thorough and up to date", "The care plans are a lot better than they were. All up to date, a lot easier to read" and "I would say they are pretty good, they needed a lot of updating but they are getting there now. On the whole they are pretty good."
- One page care plan summaries had been developed to help new and agency staff quickly gain a basic understanding of people's individual needs and preferences.
- Relatives told us they had been involved in both the development and review of people's care plans. They told us these documents were accurate and up to date.
- Each person's care plan clearly described the support needed with specific personal care tasks and guidance for staff on how to encourage people to do as much for themselves as possible.
- Daily records were maintained detailing the support people had received, which activities they had engaged in and information about their physical and emotional well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included information and guidance for staff on their individual communication preferences and styles.
- Staff were able to communicate effectively with people. Where appropriate, additional individualised tools were used to support people to process and understand complex information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in a wide variety of activities, both at home and within the community, based on their individual likes and interests. Daily records showed people had recently gone to the theatre, attended various live sporting events and were regularly supported to engage with range of crafts and hobbies which they enjoyed.
- Staff told us, "There are lots of trips out depending on people's interests" and "People have individualised activities." While relatives told us, "They take her to the theatre, she goes everywhere she has a better social life than me" and "[Persons name] has picked everything he wants (to do) and goes out on trips when he wants."
- The service was supporting some individuals to participate in a pilot programme researching the use of tablet computer applications to support people to develop independent living skills. People had been supported to use these systems to gain additional independence in relation to cooking and accessing public transport.
- Where cultural and religious practices were important to people, staff respected these views and supported people to engage with these practices as they wished.
- People were supported to maintain relationships that were important to them and the service was able to provide support to enable people to visit their friends and relatives when they wished.

Improving care quality in response to complaints or concerns

- People's relatives told us, "I've never had any complaints" and there were systems in place to ensure any complaints received were fully investigated and resolved.

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection. There were systems and procedures in place to enable people's wishes and preferences in relation to end of life care to be recorded.
- Staff had recently supported one person at the end of their life and had been complimented by health professionals for their commitment and compassionate approach.

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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the service's management and leadership was inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

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

At our previous inspection the provider had failed to maintain accurate, contemporaneous records. There had been a lack of stable management in one particular setting. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There had been a lack of stability in the management structure of the service. At our previous inspection there had been a new registered manager in post, but they had left the service approximately six weeks prior to this inspection. In addition, the new service manager with oversight of the setting we were particularly concerned about at the last inspection, had left shortly after the inspection.
- An experienced registered manager from one of the providers other services had been transferred to MENCAP - East Cornwall Support Service. Following the inspection, they applied to the commission to become the registered manager for this service.
- The new manager was known to and respected by the staff team as they had previously been providing additional leadership and support to one setting. Staff and service managers were complimentary of the new manager's approach and told us, "[The new manager] is brilliant. She gives you confidence, I am hoping we can hang on to her" and "The best thing in the last year is [the new manager] we need someone who will challenge us."
- The new manager was supported by a team of four service managers. Each of whom was responsible for overseeing supported living services in particular geographical areas. The management team were supported by an office-based administrator.
- The service's quality assurance processes were not sufficiently robust and had failed to ensure compliance with the regulations in all settings. We found managers completed monthly reviews of the performance of their settings which included reviews of care planning documentation, medicines audits and checks of financial records. There was a lack of consistency across the service in how these audits were completed and some were of a tick box nature. These systems had failed to ensure full compliance with the requirements of the regulations as detailed in the effective section of this report.
- The new manager had identified concerns in relation to the delivery of care in the Launceston area prior to our inspection. As a result, additional support had been arranged for the service manager and a full

performance review was scheduled for later in the week of our inspection. Following our inspection, we received documentation and evidence that demonstrated action was being taken to address and resolve the issues we had identified.

- At this inspection we found the quality of record keeping in the setting about which we were particularly concerned at the last inspection had improved. Records in this setting were now accurately maintained and logically set out.
- However, in another setting, we found records had not been maintained of decisions made in relation to introduction of restrictive practices. Guidance from professionals that staff believed had led to these restrictions was missing and it was not possible to establish from the available information why these restrictions were necessary or proportionate. These restrictions had been in place for a number of years and the providers systems had failed to identify the missing supporting evidence or ensure that necessary reviews of these restrictions were completed.

This failure to maintain accurate records and the lack of effective quality assurance systems meant the service remained in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The staff team were well motivated and focused on providing person-centred support. Relatives were complimentary of the service and told us, "It is very good at the moment", "Overall I think they are good" and "I would give them ten out of ten plus. They are very good."
- The provider operated a number of staff reward schemes to recognise achievements. Records showed managers and staff had regularly been nominated for and awarded prizes in recognition of their commitment and for their support in enabling people to achieve their goals.
- Managers meetings were held regularly so information and learning could be shared effectively throughout the service's settings. Staff told us their managers were approachable, visited settings regularly and responded promptly to requests for guidance or support.

Continuous learning and improving care

- During our previous inspection we identified that one setting, which had previously been registered as a care home, was not providing supported living care. People in this setting were not receiving individualised support and we made a recommendation in relation to these issues.
- At this inspection we found this setting had significantly improved. People were now routinely involved in making decisions and choices about their home, the menu and how they spent their time.
- People, relatives and staff recognised that the quality of support provided in this setting had improved. People told us, "It is a nice place to live, I like it." While staff comments included, "It is more like their own home now", "It's definitely much better" and "Personally I don't think there is anything to worry about."
- Staff had worked with a local group of volunteers to reposition a green house in their garden. People had particularly enjoyed growing things in the summer and took pleasure in telling us of their successes. Staff described how people had chosen what to grow and how the responsibilities of caring for the plants had been shared.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The duty of candour was understood by staff and managers. Records showed details of incidents had been shared promptly with people's relatives. Relatives told us, "Everything is good there, good communication", "It is nice to know what is going on and to be kept in the loop" and "They are good open

and honest about anything that goes on."

- The new manager took an open and honest approach to the inspection process and provided all information requested.

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

- There were a variety of systems in place to gather feedback from people and their relatives, these included written surveys and questionnaires in accessible formats. Recently received feedback had been positive and consistently complimentary.
- Staff and managers had a good understanding of equality issues. They valued people as individuals and staff took pride in their achievements.
- Where staff had requested reasonable adjustments in relation to their working conditions these had been looked upon favourably by managers. One staff member told us, "They have been very supportive about my health needs."

Working in partnership with others

- The service worked collaboratively with people, their friends, relatives and health care professionals to support people to be as independent as possible, to develop new skills and to enjoy new experiences. One person had recently been supported to have a flying lesson as part of their birthday celebrations.

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
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Restriction on people's freedoms had not been regularly reviewed and staff had not been provided with detailed guidance on how to support people when anxious. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed operate effective systems to ensure compliance with the regulations and to maintain accurate and complete records of decisions taken in relation to the care and treatment provided.</p>