Care Quality Commission

Blyth Star Enterprises Limited

Custom House

Inspection report

32 Ridley Street
Blyth
Northumberland
NE24 3 AG
Tel: 01670360122
Website: www.blythstar.com

Date of inspection visit: 15 and 16 September 2015
Date of publication: 30/10/2015

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?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 15 and 16 September 2015 and was unannounced. A previous inspection undertaken in July 2014 found there were breaches of legal requirements related to the management of medicines and maintenance of records.

Custom House is the only residential establishment run by Blyth Star Enterprises. Blyth Star also operates an outreach service from the same building, which is not regulated by the Commission, because this is outside the scope of the regulations. It also runs a number of work placements and day facilities. It provides accommodation for up to seven people with mental health issues, who require assistance with personal care and support. People living at the service have their own apartments, which include bathing facilities and a small kitchen area. They also have access to some communal facilities. At the time of the inspection there were seven people living at the service.

The home had a registered manager who had been registered since November 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 told us they felt safe living at the home and said staff treated them very well. Staff had a good understanding of safeguarding issues and said they would report any concerns to the manager or other senior staff. The premises were maintained and safety checks undertaken on a regular basis. Risk assessments of windows and the appropriateness of window restrictors needed reviewing.

People told us there were enough staff to support them, although some felt there was a tension between the needs of the residential service and the outreach provision. Additional staff were rostered to support activities or individual appointments, such as health appointments or individual activities. Proper recruitment procedures and checks were in place to ensure staff employed at the service had the correct skills and experience. People living at the service were able to input into the recruitment of new staff.

We found continuing issues with the safe management of medicines and noted national guidance was not being followed. Medicines records were not complete, risk assessments had not been undertaken where people were dealing with their own medicines and "as required" medicines were not dealt with in line with the provider's own policy. We also found that wider risk assessments relied on those completed by people's care managers and were not directly related to the risks associated with the delivery of people's care and support.

Staff told us they were able to access a range of training and were supported to undertake additional training, if they requested it. A new member of staff had been appointed to oversee effective training systems and fully link the service to 'Skills for Care.' Skills for Care is the employer-led workforce development body for adult social care in England. They offer workforce learning and development support and practical resources. Staff told us they had access to regular supervision sessions.

People told us they were supported to undertake shopping and prepare their own meals. Staff occasionally encouraged people to socialise with communal meals.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us no one at the service was subject to any restriction under the DoLS guidelines. Staff had a good understanding of how to support people to make choices and told us everyone living at the location had capacity to make decisions.

People told us they were happy with the care and support provided by staff. We observed there was an atmosphere of mutual respect and staff treated people with consideration. Staff had a good understanding of people's individual needs. People had access to general practitioners, mental health services and a range of other health professionals to help maintain their wellbeing. People said staff respected their individual preferences and decisions. People could choose to spend time in their apartments or the communal area.

People had individualised care plans that were detailed, addressed their identified needs and included both short and long term goals. Reviews of care were not always clear or easy to follow.

People preferred to manage their own time and activities were often based around individual needs, although communal activities were organised. People told us they would tell the staff or the registered manager if they had a complaint, but were happy with the care provided.

The registered manager showed us records confirming audits were carried out at the home. A new system had been introduced linking audits to the Health and Social Care Act regulations. It was not always possible to ascertain if actions from these audits had been completed. Quality checks had not identified the shortfalls in medicines management. Staff were positive about the leadership of the operations and registered manager and felt well supported in their roles. Staff meetings took place, but were noted not to be as regular as they had been in the past. Staff told us people preferred a more informal approach to involvement rather than set meetings. They said there were regular conversations about what people liked about the service and any changes they wanted to suggest. Professionals were positive about joint working with the service.

Summary of findings

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the safe management of medicines and provision of risk assessments and also the good governance of the service. You can see what action we told the provider to take at the back of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe.

Requires improvement

We found continuing concerns around the safe management and administration of medicines. Risk assessments had not been undertaken to ensure care was delivered safely.

People told us they felt safe living at the service. Staff had undertaken training and had knowledge of safeguarding issues and said they would report any concerns they had to the registered manager.

Proper recruitment processes were in place to ensure appropriately skilled and experienced staff were employed. Some people felt there was a tension over staffing between the residential and outreach aspects of the service.

Is the service effective?
The service was effective.

Good

People felt staff had the necessary skills to support them. Visiting professionals were positive about staff approaches. A range of training had been provided and staff received regular supervision. A dedicated staff member had been employed to oversee the training systems at the service.

The registered manager confirmed no one living at the home was subject to any restriction under the DoLS guidance. Staff were aware of how to support people to make choices.

People were supported to undertake their own shopping and cook for themselves. Some communal meals were provided to encourage people to socialise.

Is the service caring?
The service was caring.

Good

People told us they were happy with the care and support they received and enjoyed living at the service. We observed there was an atmosphere of mutual respect between staff and people living at the service.

People had access to a range of health and social care professionals for assessments and checks to help maintain their health and wellbeing, including their psychological health.

People told us their dignity and privacy was respected. People had their own apartments and staff respected people's personal space. Staff talked knowledgably about supporting people to be independent.

Is the service responsive?
The service was responsive.

Good

Summary of findings

Care plans reflected people's individual needs and demonstrated people had been involved in determining the goals they wished to achieve. Reviews of care plans were not always easy to follow.

There were some activities for people to participate in, although most people were free to follow their own interests. Individual activities were also offered, as part of people's overall care plans.

People told us they knew how to raise any complaints or concerns, but were happy at the home. Visiting professionals were positive about the service supporting people to transition from hospital to the community.

Is the service well-led?

Requires improvement

The service was not always well led.

Audits which followed the Care Act regulations were undertaken. However, it was not always possible to ascertain if identified actions had been followed up or completed. Audits had not identified issues with medicines management.

Staff talked positively about the support they received from the operations and registered managers. Staff meetings took place, although these had been less frequent lately. Meetings with people living at the home were more informal as people felt more comfortable with this.

Outside professionals told us they had a good relationship with the home

Custom 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 15 and 16 September 2015 and was unannounced.

The inspection team consisted of an inspector and an expert by experience (ExE) who had experience of this type of service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

We spoke with six people who used the service to obtain their views on the care and support they received. We talked with the registered manager, a senior support worker and six support workers. Additionally, we spoke with a consultant psychiatrist who was visiting the service on the day of our inspection and conducted telephone interviews with three care managers.

We observed care and support being delivered in communal areas of the home and checked people's individual accommodation; this was carried out with people's permission. We reviewed a range of documents and records including; four care records for people who used the service, seven medicine administration records, three records of staff employed at the home, complaints records, accidents and incident records, minutes of meetings and a range of other quality audits and management records.

Requires improvement

Is the service safe?

Our findings

We found continuing issues with regard to how the service supported people with medicines. At a previous inspection we had highlighted concerns over the safe management of medicines including; medicine administration records (MARS) not containing sufficient information and "as required" medicines not being dealt with appropriately.

At this inspection we found that MARs continued to have limited information about the types of medicines being administered at the home. This meant there was insufficient information to ensure staff administered medicines safely and effectively. This was also not in line with the provider's own medicines policy. We found "as required" medicines were also being given in a way that was not in line with the provider's own policy. "As required" medicines are those given only when needed, such as for pain relief. There was little or no information about when the medicines should be given and the dose that should be offered. MARs also contained several gaps in the recording of medicines. This meant it was not possible to determine if people had received their medicines as prescribed.

Some people were dealing with their own medicines, taking them when they felt they required them or managing their own conditions, such as diabetes. We found there were no risk assessments in place to ensure this was done appropriately and safely. Additionally, there were no checks in place to make sure people were keeping up to date with their medicines. We found staff had given one person a medicine they had bought themselves and had not been prescribed by a doctor or heath professional. This was outside the provider's policy of only administering fully prescribed medicines.

People's care records contained no indication that risks associated with individual care had been considered. There were no risk assessments in place and no plans on how to manage potential risks. The registered manager told us the service used general risk assessments, completed by people's care managers, to ascertain risks within the service. Whilst these risk assessments were detailed, they did not specifically relate to people's care and support in the service. We also found in one person's care records that the most recent risk assessments had been undertaken in 2013. This meant there was no up to date assessment of risk associated with the delivery of care.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

People told us they felt safe living at the home. One person told us, "I feel safe and happy here." Another person told us they were moving towards independent living and felt safe and supported at the service. They said there was no bullying in the service. Staff told us, and records confirmed they had received training in relation to safeguarding adults. Staff were clear about potential abusive situations and said they would immediately report any concerns to management. The registered manager told us any safeguarding issues were taken to the provider's board meetings, who would discuss the issues and make recommendations, if necessary. Staff confirmed people living at the home managed their own finances.

Risk assessments related to the property and the safety of the building were in place. There was a fire risk assessment for the home and other safety checks in place, such a portable appliance testing (PAT) and five year fixed electrical checks. A risk assessment related to window safety had been undertaken, but this was limited in its detail and had not identified that restrictors fitted to the home's windows may not comply with current guidance. The registered manager said they would review this. Emergency plans were in place to deal with unforeseen circumstances, such as the loss of water or electrical power to the property. There had been no recent accidents or incidents related to people living at the home. We saw accidents or incidents in other parts of the provider's services had been recorded appropriately.

People told us there were usually enough staff available to support their needs, although one person told us they had not been able to go out that day because staff were busy dealing with issues related to the provider's outreach service. We spoke with the provider about this and they agreed that because staff were shared between the two elements of the service there could sometimes be a tension when demands were high. The registered manager told us there were 24 staff employed across the residential and outreach service, which operated from the same building. He told us, and staff rotas confirmed there were three or four staff on duty for both the morning and afternoon shifts. Senior staff also undertook "mid shifts" to ensure they oversaw parts of both shifts. Staff confirmed there was one waking and one sleeping staff member during the

Requires improvement

Is the service safe?

night. Staff said current staffing levels were down, because of sickness or recent departures. They said management were aware of the issue and recruitment was in hand, They confirmed there were also bank staff who would fill vacant shifts, if necessary.

Staff personal files indicated appropriate recruitment procedures had been followed. We saw evidence of an application being made, references being requested, one of which was from the previous employer, and Disclosure and Barring Service (DBS) checks being made. Staff confirmed they had been subject to a proper application and interview process before starting work at the home. The registered manager confirmed people living at the home were included in the interview process and people's opinions were considered when making the final selection. This verified the registered provider had appropriate recruitment and vetting processes in place.

Overall communal areas of premises were clean and tidy. People living in the service were encouraged and supported to keep their own apartments tidy, and we noted this activity was included in some people's care plans. The home's water system was of an instantaneous type and there were no static hot or cold water tanks that required assessing in relation to legionella contamination. There was a programme to ensure any vacant rooms had pipes regularly flushed, as a precaution.

Good

Is the service effective?

Our findings

People told us staff had the necessary skills to support them. Comments from people included, “This is the best place I have ever been and I’m not going to ruin it” and “This place is much better than hospital.” Health and social care professionals we spoke with also confirmed staff were adept at providing appropriate support. One professional told us, “I am always aware they are not trained nursing staff. Staff are good at spotting stresses and responding to them.” Another professional said, “Staff have a good understanding of mental health issues.”

Staff we spoke with told us they had access to training. They said mandatory training was due to be updated and this was being arranged. One staff member told us they were being supported to complete their level three diploma in care. Other comments included, “Training comes up all the time. I’ve got quite a few certificates” and “We get enough training. Generally, if you ask for it you will get it.” The registered manager showed us the service had recently signed up for the ‘Skills for Care’ programme and that this would be used in the future to both plan and monitor training across the whole of the service. He said the service had recently employed a person two days a week to deal with training issues. They would be maintaining the ‘Skills for Care’ system and ensure staff training was up to date. A member of staff who had recently started work at the service told us he had a very good induction and had opportunity to shadow more experienced workers as part of the induction process.

Staff also confirmed they had regular supervision sessions with senior staff or managers and these took place approximately monthly. They told us they had the opportunity to write an agenda before the meeting and could raise any issues that were important to them. They confirmed things they raised were usually addressed. The registered manager told us they were currently changing the supervision system, cascading responsibility down to senior staff rather than the operations manager undertaking them all. Staff said they did not have formal appraisals sessions, but that matters were dealt with on an ongoing basis, through the supervision sessions. Staff also told us they did not have to wait for supervision times but could raise any concerns or issues they had at any time.

Professionals we spoke with told us they felt communication between them and the service was good. One professional told us, “Communication is excellent to be fair. It is one of the best to be fair; compared with other services.” A consultant told us that staff were proactive in contacting him. He said they would often email him in the morning, prior to him visiting the service, so he was aware of issues before he arrived. This meant he had time to contemplate the problem and consider options.

Staff showed us the handover sheet used by the service to communicate any issues or changes in a person’s condition or care. The quality of these records varied. Some showed good detail, whilst others were of limited content. The registered manager agreed this document could be used more effectively to monitor peoples care on an ongoing basis.

The registered manager and staff were aware of the provisions of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. They told us all the people living in the service had capacity and were able to make their own decisions. Some people were subject to other restrictions, such a Community Treatment Orders. A Community Treatment Order is a doctor's order for a person to receive treatment or care and supervision in the community. The treatment or care and supervision is based on a community treatment plan which outlines the medications, medical appointments and other aspects of care the doctor believes is necessary to allow the person to live in the community rather than hospital. We saw these were appropriately reviewed and that service staff contributed to these reviews.

People at the home were encouraged to give consent. We saw staff always knocked on the doors of people’s apartments and asked if they could enter. Staff also checked with people if they were happy for the inspector to view their accommodation, as part of the inspection process. We saw consent forms for the sharing of information were routinely included in people’s care records. We noted most people had signed these, although there were some that were not signed or not dated. As part of the care planning process people had indicated they were happy with the objectives that had been set by completing a designated comments box on the care record. One staff member told us, “We involve them as much as possible in what they want and don’t make decisions for them.”

People told us they were encouraged to plan and make their own meals. They told us staff would support them to

Good

Is the service effective?

write a shopping list and then support them to visit a local supermarket to make purchases. One person had a slow cooker and explained how he liked to make meals in this. People had access to cooking rings and microwaves in their apartments and in a communal area. We noted a number of people were having microwave meals. Staff told us they encouraged people to try and make healthy choices, but ultimately it was their choice about the food they purchased. Staff told us that on some days staff would cook a communal meal, such a roast dinner or a curry.

They said people were encouraged to participate in the making of the meal. Staff also said on some nights they would have a pizza or take away and watch the football, rugby or play a DVD

The apartments were part of an adapted building designed for the purpose of semi-independent living. The general feel of the environment was light and airy. Some areas of the building were subject to general wear and tear, such as stained stair carpets. People's apartments were small, but contained all the elements for them to live semi-independently. Ground floor rooms were available to people who may have mobility issues.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the care provided. Comments from people included, "If I am worried about anything I can talk to the staff" and "Staff are helpful here which helps me as I wasn't happy with my past."

We observed how people and staff interacted. We saw there was generally an air of mutual respect and that relationships between people and staff were good. Staff told us they got to know people well, because the service was small. One staff member told us how people living at the home were very protective of the female staff. She said that if one person got upset other people would make sure she (staff member) was alright. Another staff member said, "Everyone works as a team." Another staff member told us how he had built up a relationship with the people living in the service. He told us, "You look for that connection. You give them a lot of time; engage and banter with them. You build up a trust." One care manager told us the person they supported, who lived at the home, felt confident to go to any member of staff for support. They said the home provided a, "personal focussed approach." A consultant told us, "Staff are very good at building relationships and working with clients."

Care was planned in a personal and individual way and people were involved in developing their care plans. Staff told us, and records demonstrated that care planning began with a conversation with individuals, using a variety of headings. Staff told us some people wanted to be more involved in planning their care than others. One staff member told us, "We listen to clients viewpoints; what would they like?"

People were supported to maintain their health and wellbeing. We saw they were encouraged to attend appointments with general practitioners, community nurses, care managers and other health and social care professionals. People had care plans related to their physical health. We saw one person was being encouraged increase their physical activity by going swimming or visiting the gym. Another person's records indicated a doctor had recommended that the person visit accident and emergency to undergo a certain test. Records showed staff ensured the person attended and followed up the action.

The registered manager told us no one at the home was currently using an advocate to support them, but all the people living in the service had either a community nurse or care manager supporting them. He also told us the majority of people continued to have contact with family members, who also supported them or were involved in supporting care decisions.

People's privacy and dignity were supported and maintained. They had their own apartments within the service building and could choose to stay in these areas or join in activities and discussions in the communal area. Staff said they would check on people but respected their right to spend time alone watching television or listening to their music. People were also encouraged to maintain or develop their independence. They were free to go out into the local community at any time, although encouraged to let staff know for safety purposes. Some people living at the service went to local groups or activities or work projects. One person, who was looking to move back into their own home, was being encouraged to spend increasing time away from the service, living in their own accommodation. A consultant spoke with us regarding one person who had been supported by the service through both residential services and outreach. He said the person had recently had to be admitted to hospital for only the first time in 12 years. One staff member told us how they encouraged one person to be more independent by supporting them to attend an event or session and then encouraging them to make their own way back to the service.

Good

Is the service responsive?

Our findings

People told us they were involved in the planning of their care and staff were supportive of their particular needs. One person told us, “I have a season ticket for Newcastle United and go fortnightly.” Another person said, "I have freedom to go out; I just need to tell staff and sign out.”

People had individual care records that contained an assessment of their needs and key care plans that they required support with. Staff told us the service used a “recovery star” system, to determine how people were progressing and what they wanted to achieve. This system involved staff discussing with people various aspects of their daily life including their mental health, living skills, relationships and self-esteem. People were asked to rate on a scale of one to ten how well they felt they managed in these areas. Staff then had a conversation with people about what they had particular issues with and what they wanted to achieve whist living at the service.

Following these discussions the staff member and the person developed a number of individual plans. We saw people had various areas they wanted to achieve in, including increasing physical activity, working on budgeting skills and attending work. Care plans then worked towards short and long term goals. For example, under one care plan for living skills the long term goal was identified as moving to independent living. Short term goals, moving towards this, were to ensure the person’s flat was cleaned weekly and to develop better management of finances. Another person had a goal of increasing social contacts and developing confidence in social situations. The long terms goal was to help develop relationships. The person’s short term goal was to go out with staff and become less anxious in social settings.

Care plans were reviewed. However, it was not always possible to identify the frequency of reviews and to map people’s progress. For example, one person, who was having difficulty in achieving some of the identified goals, had included in a review the need for staff to be more “full on”, with no identification of what progress had been made or what the term “full on” meant in terms of progressing the person’s development.

Care managers we spoke with felt the service was good at supporting people. One care manager told us, “I think it is a good resource on all levels. It is a person focused approach.” Another care manager said, “The staff work hard to motivate him. The staff support X to achieve his goals and his goals change over time.” One care manager told us how staff had worked closely with other health team members to deal with a person’s care and prevent the person having to return to hospital.

Staff told us there were some communal activities but people often wished to do things on an individual basis. We saw people were able to visit family, attend work placements, go to local pubs or cafes and visit local clubs or activities. Staff said there were some community activities, such as attending a local air show and a regular five-a-side evening had also been arranged. We were also told how one staff member had purchased a range of fishing equipment and had taken some people fishing. During the inspection we witnessed some people went out in to the local community, some spent time chatting in the communal area and some people were listening to music in their rooms. A care manager told us, “They try and encourage people and to be proactive. He also takes part in vocational stuff and works in the kitchen area.” People told us they were able to make their own choices. We saw people made choices about activities, food and where they spent time.

The registered manager told us there had been no formal complaints about the service in the last 12 months. He told us any concerns raised by people who lived at the service were dealt with immediately, to try and avoid them coming to the level of a formal complaint. Staff told us they were vigilant and would deal with a situation between two people, if they felt that action was needed. They told us they would sit and speak with people about what was upsetting them and try and resolve the situation immediately.

Staff told us people were supported to transition into the service from a hospital environment or other locations. The registered manager said staff would visit the person coming into the service, whilst they were in hospital, so they had an understanding of what the person’s need were and individuals knew some of the staff. A consultant told us, “They are good at working with clients; working with their long term needs. They support people to make good, successful transitions.” Staff also described to us how they also supported people to move into more independent living, combining work in the service and outreach work.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Commission since November 2013. He was present on both the days we spent at the home and assisted with the inspection. The registered manager oversaw the running of the service, although the day to day management was led by an operations manager. The operations manager was not available at the time of the inspection.

The registered manager showed us a new audit system that had recently been introduced. The system was based around the Health and Social Care Act regulations. For example, an audit had been carried out in July 2015 looking at person centred care. An audit in June 2015 had looked at the regulation related to premises and equipment. Whilst there were action plans related to the audit processes, it was not always possible to ascertain if the issues had been followed up or completed. There was no date on actions to indicate when they should be completed and no person identified as leading on the action to ensure it was completed. The audit process had also failed to identify people's medicines were not managed in line with the provider's own policy or that they were being managed in a way highlighted as a breach of regulations at a previous inspection.

As previously indicated, medicine records were not up to date or complete and care plan reviews were difficult to follow and the date of the review was not always clear. Other records, such as checks on equipment and fire safety were up to date and stored correctly.

This was a breach of regulation 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

People told us they felt the service was well run and they were settled. Some people told us they knew who the registered manager was and could speak with him if they wanted.

The registered manager told us one of the key elements of the service was that there was no limit on how long people could stay in the service. He said the length of stay depended on need. Some people had longer term needs and more intense support, other people progressed more quickly. Flexibility meant people's needs could be addressed, although the long term aim was always to look towards independent or supported living, if at all possible.

Staff told us they felt supported by the management and that they were settled working in the service. Comments from staff included, "Management are great; but don't tell them I've sung their praises"; (Operations manager) is always on the other end of the phone or you can go and see her about anything"; "(Operations manager) and (senior support worker) are great and so easy to approach" and "(Operations manager) is a fantastic manager. I don't think I've liked a boss as much."

Staff also said they were committed to supporting people and enjoyed the work they did. Comments included, "I love it. It is so rare that you are in a job that you really enjoy. I love dealing with people"; "I've thoroughly enjoyed working here. It's made a big difference to me"; "Everything is good. I love it. It is very rewarding when you see people well and doing things they thought they would never do" and "The best thing is the team and the clients. It is a good team; we can work through things. I absolutely adore my job."

Staff said there were staff meetings, but some staff members told us these had not been as regular recently as they had in the past. They said this was possibly down to staffing issues and ensuring the service was covered, allowing the majority of staff to meet. They said a representative of people using the service could also attend these meetings, although the person had been unable to be there in recent months. We noted the last formal meeting with people who used the service was recorded as February 2015. Staff told us the people did not like meeting formally and found the situation difficult. They said staff tended to sit with people on a Sunday evening and engage them in conversation to ascertain if they had any issues or concerns that needed to be dealt with. They also told us people would often come to the office with any issues, so they could be dealt with there and then.

Professionals we spoke with told us they had a good relationship with the home and the management were responsive if they raised and queries. One care manager told us, "I'm very happy with the service and can't think of anywhere more appropriate for X."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems were not in place to effectively assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements 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 Systems were not in place to ensure risks were managed and there was proper and safe management of medicines. Regulation 12(1)(2)(a)(g)

The enforcement action we took:
We have issued warning notices against the provider and the registered manager.