Charnat Care Limited

Agnes House Flat 2

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 24 January 2017 and was unannounced. At our last inspection in April 2014 the service was meeting the regulations of the Health and Social Care Act 2008.

Agnes House Flat 2 is registered to provide accommodation with personal care to one person with a learning disability, and autism. The service provides a 'respite service' to people. Respite means that people are supported in a care environment rather than by family or friends for short periods of time. People use the service for varied amounts of time. Some people use it a few times a year; others on a regular basis. When people are not using the respite service they live at home in the community with their families or carers. The service is provided in a ground floor flat which has one bedroom. The provider has other small residential care homes that were located near to this service and the staff worked in all of these services. At the time of our inspection one person was using the service.

There was 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 and associated Regulations about how the service is run.

People were not supported in an environment that was safe and met their needs, and staff did not have equipment available to use in an emergency when working alone with people. The risks to people's health and safety were not always properly assessed and action taken to reduce these risks.

Staff were aware of their responsibilities to report any concerns about people's safety or risk of harm, and they confirmed they had received training in relation to safeguarding people from abuse. People were supported by sufficient staff that met their needs, and they received their medicines at the times they needed them.

Staff had received training which enabled them to meet people's needs, but there had been a delay in providing updated training in a timely manner by the provider.

The registered manager had sought advice and was now aware of the timescales for completing Deprivation of Liberty Safeguarding (DoLs) applications for those people whose liberties were restricted when using this service. Although staff worked within the principles of the Mental Capacity Act and gained people's consent before providing support, the records did not underpin and support this practice.

Relatives described staff as caring, kind and respectful and our observations demonstrated that staff were responsive to people's needs. People were supported to eat and drink in accordance with their preferences and dietary requirements. Staff knew the action to take if people became unwell when using the service.

Representatives for people were aware of the complaints policy and felt confident the registered manager

would address any issues. The staff were aware of the signs to look out for which may indicate people were unhappy. People had family or representatives to advocate for them.

Systems were in place to gain feedback from people's representatives, to enable the service to make any required improvements.

The systems to monitor the quality of the service were not effective and did not ensure shortfalls were identified to ensure improvements could be made. You can see what action we told the provider to take at the back of the full version of the 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 not supported to live in a safe environment.

Risks to people's health and safety were not always assessed or well managed.

People were supported by staff that had been trained to recognise and report concerns of harm and potential abuse.

People received their medicines when they needed them.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people lacked capacity the registered manager was aware of the timescale for completing assessments. Although the records in place did not support staff to make decisions in people's best interests, staff sought people's consent before providing support.

Staff had received training for their role. Updated training was not provided in a timely manner.

Staff ensured people had access to sufficient food and drink, and they monitored people's healthcare needs.

Is the service caring?

Requires Improvement

The service was not always caring.

People's dignity was not always respected by staff and they did not receive support in a welcoming environment which respected their rights.

Staff promoted people's independence where possible.

Relatives described staff as caring, kind and respectful.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff did not always have accurate, up to date information about people's needs.

People were supported to follow their own recreational interests.

Systems were in place to respond to any concerns that were raised.

Is the service well-led?

Requires Improvement

The service was not always well led.

The quality assurance systems were not effective and did not identify the shortfalls in the service.

Staff understood their roles and responsibilities and described the culture of the service as open and supportive.

Agnes House Flat 2

Detailed findings

Background to this inspection

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

This inspection took place on 24 January 2017 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We met the person who was using the service. They were not able to share their experiences with us due to their complex needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff supported the person supported to help us understand their experience of using this service.

We spoke with the representative's for two people, two support staff, one senior, the deputy manager and the registered manager. We looked at the care records for three people who had used the respite service. We looked at the way the person's medicines were managed at the home and the medicine records for two other people; We reviewed two staff recruitment files, and staff training records. We also looked at records that related to the management and quality assurance of the service.

Requires Improvement

Is the service safe?

Our findings

Although risks to people's health and safety were assessed, steps were not always taken to minimise these risks. We saw there was broken furniture in the persons bedroom, for example several broken drawers on the floor. We also saw other large items of furniture were being stored in the room, such as a headboard and parts of a bed. We were advised that the furniture should have been collected before the person used the service. We looked at the person's support plan and this told us that due to their complex needs the environment should be clear and free of any unnecessary items. This meant the environment the person was using was not safe due to the potential risks these posed to the person.

A staff member was working on their own supporting the person, we asked about the procedures to follow if the staff member required additional support due to a situation arising which may impact on the person or staff member's safety. The staff member advised that they would call the main office at the nearby residential home for support or they would press the alarm on the wrist band that staff should wear to indicate support was required. We saw the staff member was not wearing the 'alarm call wrist band' and they did not know where this was. The staff member confirmed they had not been provided with this on their arrival at the home. This meant equipment to maintain the staff and people's safety was not available for use in the event of an emergency situation. We raised this with the senior on duty at the nearby residential home. They advised us, "The staff should wear the pendent at all times on their wrist and I am not sure why this is not available in the home". Action was then taken and a wrist band was brought to the home for the staff member to wear.

A representative we spoke with told us, "The staff are aware of the risks so they can support [person's name] appropriately. They follow my guidance and recommendations so that [person's name] receives consistent support. I think the staff manage the risks well and I have no concerns". Another representative said, "I think the staff manage any risks appropriately and provide positive intervention when required". Representatives we spoke with told us they had not visited the service recently and they were unable to comment about the environment.

We reviewed the support plans for the person using the service and two other people that had recently used the service. We saw that risk assessments which identified any potential risks to people's specific health and support needs were not available in two of the files. The support plan for one person did contain some information about the environment, staying safe and described the type of challenges they could present to staff. Information was provided for staff to follow to enable them to support the person when they became anxious. The care records for another person referred to the day service they attended and there was no information about any risks to the person whilst using the respite service. The staff we spoke with told us they had supported the person previously and they were able to tell us about any risks they needed to be aware of when supporting them. Staff told us about the signs people presented of increased anxiety and self-harming behaviours and how they managed these. Staff told us they had received behaviour management training, and the strategies they used to divert people whose behaviours were escalating. This meant staff we spoke with had the knowledge to support people and manage any risks, despite the lack of records being available to guide them. Our observations demonstrated that the person was being

supported appropriately by the staff member. We saw the staff member used appropriate strategies to divert the person when they were anxious and restless and they provided reassurance which had a positive impact on the person.

Representatives we spoke with told us their family member received their medicines when they needed them. One relative told us, "I have no concerns about the way staff support [person name] with the medicines they receive them as required. The staff follow the techniques I use as sometimes [person's name] is reluctant to take their medicines". Another relative said, "The staff administer medicines as required and I have not been informed that there are any issues with this".

We looked at the records for the person that used the service and for two other people that had recently used the service. The medicine records were all handwritten and these had not been countersigned by two people to validate the instructions. We checked the balance of medicines held to ensure that the amount balanced with the record of what medicines had been administered. We found all of these to be correct. Records had been signed to confirm that medicines had been administered, except for two gaps we found on the medicine record for one person who used a medicated cream. We were advised that the person had their cream applied but staff had not signed the record. Staff knew which areas to apply cream to a person but body maps where not in place to ensure consistency. Creams that were being applied for a short period of time had not been dated when they were opened, to ensure they were discontinued when required. Staff we spoke with were aware of the medicines people took 'as required' and they knew the signs and symptoms which indicated people may need this medicine. Only staff that had received medicine training and an assessment of competence had administered the medicines. The person that used the service had their medicines administered by the senior staff who visited the service when the person's medicine had to be given.

Representatives we spoke with told us they had no concerns about the safety of their relative. One relative said, "I think [person's name] is safe when they are in respite I have no concerns. If there was any concerns I will take action straight away". Another representative told us, "I think [person name] is safe and I would know if there were any issues as they would refuse to go if anything untoward was happening".

We saw that the person being supported appeared relaxed and comfortable in staff member's presence. When the person became distressed they accepted support and reassurance from the staff members that were present.

Staff we spoke with knew what action to take if they had any concerns about people's safety. One staff member said, "If I had any concerns I would report them to my manager". Another staff member told us, "I would follow the procedures and report any concerns I had or if I had seen anything abusive". Staff confirmed they had received training in relation to safeguarding adults from abuse and they felt confident action would be taken in response to any concerns that were raised. The registered manager was aware of his role and responsibilities in raising and reporting any safeguarding concerns. A review of our records showed we were kept informed and had received notifications of any issues that had been raised.

Representatives told us they thought the staffing levels were sufficient to meet people's needs. One representative said, "[Persons name] needs one to one support to keep them safe so this is what is provided at all times". Staff told us the staffing levels were sufficient to meet people's needs and to enable them to support people to go out to various places they enjoyed. One staff member said, "The staffing levels are fine and I am able to meet people's needs and take them out. If I had any concerns I would raise this with my manager". Another staff member said, "People get one to one staff support so their needs are met. If we need additional staff support due to people becoming anxious then this would be provided as staff are

available at the other homes nearby which we are linked to".

Staff we spoke with confirmed they had provided all of the required recruitment information before they had commenced work. One staff member said, "I provided all documents and all checks including a police check were done before I started working here". We looked at the staff recruitment files. We saw that all of the required information was available except for evidence that a Disclosure and Barring Service (DBS) check had been obtained for a staff member who had worked at the service for several years. The DBS is a check undertaken to ensure staff are suitable to work with people. We received evidence following the inspection of the DBS and the date it had been obtained by the service. The registered manager advised that the DBS was in place but the staff member's records had not been updated with this information.

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.

We found that the person who used this service potentially had their liberty restricted for their safety due to being supervised by staff at all times. Discussions with the registered manager confirmed that an application for a DoLS authorisation had not been submitted based on the feedback they had received previously from the Local Authority. In response to our inspection the registered manager sought further advice and clarity. He was advised that applications for people whose liberty would be restricted whilst using the service should be made at least two weeks prior to the person using the service. The registered manager confirmed that this action would be taken in the future. This meant the person had been unlawfully deprived of their liberty during their stay in this service.

A representative we spoke with told us, "The staff always get [person's name] consent before supporting them. If they did not wish to undertake any tasks then they wouldn't and the staff do not force them". Discussions with representatives demonstrated that action had already been taken to discuss the need for DoLS applications to be undertaken. One representative told us, "I have been informed about this and understand the reasons for this and that I would be involved in the process".

We saw that staff offered choices to the person being supported and gained their consent before providing daily support. The person was not able to give this consent verbally but they used sounds and body language to indicate their consent. Staff we spoke with was aware of the importance of gaining people's consent before providing support. One staff member said, "I always ask the person first if it is okay for me to support them, for example to have a bath. If they didn't want one then I would respect their decision. I would never force anyone to do anything it's their human right".

Although staff worked within the principles of the MCA the records did not underpin and support this practice. Out the three support plans we reviewed, two contained insufficient information to assist and guide staff about people's preferences to enable staff to make decisions in people's best interests. We also saw that a relative had signed a consent form giving staff permission to provide care and support to a person during their respite stay without having the legal authorisation to do so.

The staff we spoke with had a basic understanding of MCA and DoLS and they confirmed they had not received any formal training. The registered manager confirmed that they had raised this with the provider, but they had not yet responded to this request with a training plan. The registered manager had sought and

secured external training and records we saw confirmed this.

Representatives told us that staff appeared to have the required skills and knowledge for their role. One representative said, "I have no concerns about the staff skills, and no reason to believe that they do not have the required the knowledge for their role. They seem to know what they are doing". Another representative told us, "I think the staff know what they are doing and I presume they have been trained".

We spoke with a recently employed staff member who told us they were currently completing the Care Certificate induction which enabled staff to develop key skills to provide effective care. They also confirmed they had completed other key training such as behaviour management, fire and food Hygiene. The staff member told us that as part of their induction they had shadowed experienced members of staff in order to gain confidence in their role and to meet people that were supported both in this home and in the other services managed by the provider. Another staff member we spoke with confirmed they had completed training which was relevant to their role. They told us, "I have over the years done lots of training which has enabled me to do my job. I am waiting for some updates but I have received refresher training in behaviour management. I feel confident in my role". Our observations showed that staff had the skills and knowledge to support people and meet their individual needs.

The staff we spoke with told us they felt supported by their line manager. There was a system in place which ensured that staff received regular supervision. A staff member we spoke with said, "I do feel supported and there is always someone I can go to for advice and guidance". We saw a system was in place to provide staff with an annual appraisal to discuss their overall performance. The registered manager acknowledged that they were behind in providing staff with these but a new schedule was in place for this year.

Representatives told us that people had enough to eat and drink in accordance with their dietary needs and preferences. One representative said, "The staff support [person's name] in accordance with their dietary plan and then let me know following their visit if there has been any issues that I need to be aware of". Another representative said, "I know [person's name] eats well they have a very good appetite".

Staff we spoke with was aware of people's food and drink preferences and any special dietary requirements. We saw that some of this information was provided in people's support plan. A staff member said, "Most of the people can eat a normal diet but for some people we offer food that is softer as they don't always chew their food properly". We observed staff providing a snack to the person being supported and a drink but we were not able to observe any other mealtimes. We saw that staff followed the guidance in the persons support plan in relation to the way the food should be served. Records showed that people were offered a varied and nutritious diet when using the service and choices were provided and only restricted when this was in people's best interests. For example when people have a dietary plan in place due to medical reasons. Staff monitored and recorded people's food and fluid intake where this was needed and shared this information with people's representatives following their stay.

People only used this service for a short period of time and therefore their healthcare needs were met by their relatives or a guardian. Staff we spoke with explained to us the action they would take if a person had an accident or if they fell ill whilst they were using the service. A staff member said, "If someone fell ill I would always seek medical attention and then inform their relative or carers". A relative we spoke with said, "I arrange and deal with all appointments for [person's name] but I have confidence that if they were ill when in respite the staff would seek medical attention and consult myself". Staff we spoke with had knowledge of people's medical conditions such as epilepsy.

Requires Improvement

Is the service caring?

Our findings

We saw that the staff did not always promote people's dignity. For example the person had been using the service for a couple of days. We observed that the persons belongings were still in their bag and had not been taken out or put away in the wardrobe provided. When we asked why this had not been done the staff we spoke with were not able to offer an explanation. This meant when the person arrived at the home staff had not demonstrated a caring approach and supported the person to settle in by assisting them to unpack their belongings. The staff member did take action when this was identified and unpacked the person's bag. But they did not ask the person's permission or asked them if they wanted to assist them to put their clothes away to promote their independence and inclusion with this task.

We also observed the bedroom that the person was using was in need of redecorating. We saw the wallpaper was ripped on one of the walls and the bedroom was not a welcoming and comfortable space for people to use. We were advised that the bedroom was due to be redecorated, and following our visit the registered manager confirmed that this had been completed.

We saw that staff promoted the person's privacy and dignity when providing personal care. The person was supported with personal care tasks in the bathroom and staff ensured the door was closed. A staff member said, "I would always ensure the doors and curtains are closed when providing personal care. I also make sure I knock on the bedroom door and ask if it is okay to enter before going into the room".

Representatives we spoke with made positive comments about the staff. One representative said, "The staff are respectful, kind, caring and friendly". Another representative told us, "The staff are good and lovely I think they provide good care".

We observed that the interactions between the person and the staff showed that they felt comfortable in the their presence. Staff we spoke with had an understanding of the person's needs, routines and preferences. We saw that staff engaged with the person in a way that demonstrated they knew their preferred method of communication and that they were listening to them. We saw that staff were attentive to the person and they showed they could interpret their gestures and the way they were vocalising. For example the staff knew that the way the person was vocalising and from their body language that this indicated they were in pain. The staff responded to this and administered pain relief medicine. The records we reviewed contained some information about the communication methods for the people that used the service.

Staff told us how they encouraged people to be as independent as possible and develop their self-help skills. One staff member said, "Depending upon people's ability we do encourage them to return cups and plates to the kitchen, and to wash and dress themselves".

The registered manager had information relating to the local contact details for Advocacy services, to share with people or their relatives if this was required. An Advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

Requires Improvement

Is the service responsive?

Our findings

The care records for three people we reviewed varied in detail and quality. One support plan contained detailed information about the person, and their preferences. The other two support plans were brief and one of these referred to the person's needs at the day centre they used, and did not refer to their support needs when using the respite service. The registered manager advised that the records for these people had been updated and filed away, but we did not see these files to confirm this. However the support plan that was in the service for the person being supported was not the most up to date record for the staff to refer to. We found that staff had received updated information about the persons support needs from verbal handovers and from the person's representative. This meant that they knew how to support the person despite the lack of records.

We found there were no records in place to support how people's needs were reviewed prior to them using the respite service to discuss any changes in their needs. This is important as some people used the service at varied intervals throughout the year and their needs may have changed in between these visits. A representative told us, "The staff don't usually contact me to see if there is any specific changes to [person's name] needs but if there was I would write a note or verbally pass this on when I arrange the respite care". Another representative said, "I don't receive a call from staff but I would pass on information if there was any changes to their medication". We did not see any records of formal reviews of people's care. However a representative told us, "We have had a meeting recently and the manager attended to discuss [person's needs]". Another relative said, "We have had reviews previously". Therefore there was a lack of records to demonstrate how people's needs were reviewed and their involvement.

The staff we spoke with were able to tell us about the persons support needs and preferences. Staff told us about the times the person likes to get up and go to bed and about their favourite object which they liked to have with them at all times. We saw the staff ensuring the person had this object close to them and they took it with them when they supported the person to use the bathroom. The staff supported the person to have a mid-morning snack and they offered choices. The staff told us, "When [person name] gets up early they like to have a snack and drink which keeps them going till lunchtime". Our observations showed that the person received care and support that met their individual needs.

Representatives we spoke with told us the service was responsive to their needs. One representative told us, "Sometimes I call at short notice and they always accommodate my requests for respite which I find very supportive". Another representative said, "They are responsive and they always provide a service when we need it".

Representatives we spoke with were happy with the support provided to people to engage in activities. One representative said, "I know they take [person's name] out and about, and they do various things with them in-house such as play the games they enjoy, music, colouring. I am happy with what is provided". Another representative told us, "The staff take [person's name] out for meals, to the park, and shopping. [Person's name] takes in their favourite items and the staff use these for activities inside the flat. I don't think they get bored".

From the records we reviewed we found that people were supported to participate in activities they enjoyed when they used the service. This included going out to places they liked and for meals and to the cinema. We saw the person that used the service during our visit had their favourite items with them and staff used these and engaged with the person. The records showed the person had been supported to go out for a drive and visit a park with other people the previous day.

Representatives we spoke with knew how to make a complaint and were confident that action would be taken. One representative we spoke said, "I have no complaints and I have never made one but I would speak to the manager and I am sure he would address any issues". Another representative told us, "I know there is a procedure in place which I can use if I have any concerns, but I don't have any, I am happy with the care provided".

We saw that a complaints procedure was in place and available in a format that was accessible to people. Some people may not be able to use this due to their complex needs. Staff we spoke with told us about the signs that would indicate that people were expressing they were unhappy about something. For example their body language would change and their facial gestures. They said they would take action to address this. Staff were aware of the complaints procedure and the action to take if any concerns were raised by people or their relatives and carers. The registered manager confirmed that they had not received any complaints since our last inspection. The registered manager also told us that senior staff visited the service when it was being used on a daily basis and observed people interacting with staff to ensure people's needs were being met and they were happy in the service.

Representatives we spoke with told us their feedback is regularly sought. One representative said, "I receive a survey every year. I have always provided positive feedback" Another representative told us, "Yes I get asked for feedback and I complete the survey I receive. My comments are positive about the service and I have not made any comments about improvements as I am happy". Records showed the provider sent out quality assurance surveys to all of the relatives of the people that used their services. A report is then complied of the findings. This report was not specific to this service but we saw that feedback provided was positive.

Requires Improvement

Is the service well-led?

Our findings

The systems in place for assessing the quality of the service were not effective. We asked to see records of any audits that had been undertaken for this service and in particular prior to the service being used by people to ensure it was safe and fit for purpose. An audit to demonstrate that the environment was safe for people to use had not been undertaken. A system to audit the medicine records and care records following people's stay was not in place to ensure people received their medicines as prescribed and care that met their needs. This meant shortfalls were not identified, such as gaps in the medicine records to ensure action could be taken and improvements were made. Systems in place failed to ensure that records were in place and accurately maintained. For example, people's support plans and information was not available to guide staff when to administer 'as required medicines' were not detailed , which meant people may not get their medicines when required. Systems in place failed to ensure staff had access to and used the equipment available in the event of an emergency situation such as the 'alarm wrist band'. This had the potential to place both staff and people at risk of harm. We found that systems to monitor the quality of service were ineffective. For example the senior staff that had visited the service had not on this occasion identified that the person's bag had not been unpacked to assist the person to settle in, and took action in respect of the broken furniture located in the bedroom.

The systems in place were not effective in assessing and managing risks and improving quality. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The training records we reviewed showed that many staff were waiting for updates in accordance with the provider's internal training standards. We had been advised that there has been a delay in the provider arranging and delivering training to staff that work across all of their services. The registered manager was able to provide evidence that he had requested both refresher training and additional training from the provider. The registered manager had sourced some external training whilst waiting for dates from the provider. We saw that training dates for Fire and First aid had been made available. The provider had visited the residential home located close by to this service in Nov 2016 and undertook an audit and review of the services. This was the only visit undertaken by the provider that year. As part of this audit the provider reviewed a percentage of the care records and checked other documents and systems for all the services managed from this home. The provider also carried out an audit in January 2017. We were advised that the provider had not visited this service as part of these visits. This meant the provider had not routinely visited the service to check and monitor standards of care and provide support to the registered manager.

We saw records which demonstrated that annual checks had been completed on the fire alarm system and electrical appliances that were used at the service. We also saw that checks had been undertaken to ensure the water temperature did not exceed the recommended temperature. A fire risk assessment and personal evacuation plans were in place but these were not located at the service and were combined with the records held at the residential service which was located nearby. Staff should have access to the evacuation plan for the person being supported at the home to ensure they were aware of the procedures to follow.

The representatives we spoke with told us they were satisfied with the way the service was managed. One

representative said, "I think the service is managed well and the manager is lovely, really approachable and helpful. I am happy with the service". Another representative told us, "The service provided is good and is managed well by the manager. He is brilliant to deal with and helpful when I need advice and support". Discussions with the registered manager demonstrated that although he did not routinely visit the service, he maintained regularly contact with people's representatives and had knowledge of people's needs and the service provided.

Staff we spoke with told us they felt supported in their role, and that they felt confident to raise issues with a member of the management team. Staff had a communication book which was used to record any information the next member of staff on duty needed to be aware of. Staff told us the culture of the service was open, supportive and that staff worked well together. Staff confirmed they had regular meetings where they were able to discuss the different services managed by the provider and the needs of the people that used these services. A staff member said, "We do have meetings and discuss the various services and people's needs. I would feel confident to raise any suggestions and I think these would be listened to". Records showed that meetings were held regularly throughout the year.

Staff we spoke with knew about the whistleblowing policy, and were confident to raise concerns. Whistleblowing is the process for raising concerns about poor practice. Staff told us, "I would always report any concerns I had to a senior or to the manager".

The registered manager knew and understood the requirements for notifying us of all incidents of concern and safeguarding alerts as is required within the law and we saw that these had been reported appropriately.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (2) (a) HSCA 2008 (Regulated Activities) Regulations 2014 The systems in place to assess, monitor and improve the quality and safety of the services provided in the carrying on the regulated activity were not fully effective.