Mr & Mrs D B Mirsky

Dorriemay House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection visit took place on 19 October 2016 and was announced. The provider was given five days' notice of our inspection visit to ensure the manager's representative, people and care staff were available when we visited the service.

The service was last inspected in September 2013 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Dorriemay House provides care to people in their own homes, people had their own flat within a shared building. The service provides care and domiciliary support for older people and people with a learning disability. The service also offered people access to several communal areas including a restaurant, a cafe, community kitchens, lounge areas and a games room. Most people received support and care from staff via several visits to their home each day. On the day of our inspection visit, the service was providing support to 18 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We refer to the registered manager as the manager in the body of this report. On the day of our inspection visit the registered manager was not available to speak with us, we spoke with the supervisor of the home. We spoke with the registered manager following our inspection visit.

Medicines procedures required improvement to ensure people always received their prescribed medicines, and that medicines were managed according to manufacturers' guidance.

Risk assessments and risk management procedures required improvement to ensure risks to people's health and wellbeing were being minimised. People's care records required updating to ensure people's support and care needs were identified, monitored and maintained, according to their personal preferences.

Quality assurance systems required improvement to identify areas where actions needed to be taken to improve the quality of the service.

There was regular communication with staff whose views were gained on how the service was run. Staff were supported by managers through regular meetings. There was an out of hours' on call system in operation which ensured management support and advice was always available for staff.

There were enough staff to deliver the care and support people required. People told us staff were kind and knew how people liked to receive their care.

People felt safe with staff and within their environment. Staff understood how to protect people from abuse and keep people safe. The character and suitability of staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

Staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us staff had the right skills to provide the care and support they required.

The managers understood the principles of the Mental Capacity Act (MCA), and staff respected people's decisions and gained people's consent before they provided personal care.

Everyone felt the managers were approachable. Communication was encouraged and identified concerns were acted upon by the managers. People knew how to make a complaint if they needed to.

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 consistently safe.

Medicines procedures required improvement to ensure people always received their prescribed medicines, and that medicines were managed according to manufacturers' guidance. Risk assessments and risk management procedures required improvement to ensure risks to people's health and wellbeing were minimised.

People felt safe with staff and within their environment. Staff understood their responsibility to keep people safe and to report any suspected abuse. There were enough staff to provide the support people required. There was a thorough staff recruitment process in place to ensure staff were of a suitable character to support people in their own homes.

Is the service effective?

Good

The service was effective.

Staff completed training and were supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and staff respected decisions people made about their care. People who required support with their nutritional needs received support to prepare food and drink and people were supported to access healthcare services.

Is the service caring?

Good

The service was caring.

There was a calm and welcoming atmosphere at Dorriemay House. Staff listened to people and took time to get to know them as individuals. People were supported by staff who they described as kind and who respected people's privacy and promoted their independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care needs were assessed when they starting living at Dorriemay House, however, care records were not always kept up to date to ensure staff had the information they needed to support people responsively, in a way they preferred.

Staff understood people's individual needs and were kept up to date about changes in people's care verbally and through handover meetings. People's care and support was based on their personal wishes and preferences. People told us they knew how to make a complaint and provide feedback to staff.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance procedures were ineffective and did not always identify areas which required improvement. However, people were satisfied with the service and were able to speak with managers if they needed to. Staff felt supported to do their work and felt able to raise any concerns with the management team.

Dorriemay 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 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.

The inspection visit took place on 19 October 2016 and was announced. This service was inspected by one inspector. The provider was given five days' notice of our inspection because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with people and staff who worked for the service.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided. We also contacted the local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

Before the office visit we contacted staff via email to obtain their views of the quality of care. We wrote to five members of staff and we received four responses. We used this and other information to make a judgement about the service.

During our inspection visit we spoke with six people who lived at Dorriemay House. We also spoke with one member of care staff, a senior member of care staff and the supervisor. We later spoke with the registered manager.

We reviewed five people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us, or indicated to us with gestures and smiles, they felt safe with staff who provided them with support in their own home. Comments included; "I love it here," and "I feel very safe."

People were supported by staff who understood their needs and knew how to protect people from the risk of abuse. Staff attended safeguarding training regularly. This training included information on how staff could raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager or supervisor if they had any concerns about anyone's safety. The provider had a procedure in place to notify us when they made referrals to the local authority safeguarding team where an investigation was required. This required them to keep us informed of the outcome of the referral and any actions they had taken that ensured people were protected.

There was a procedure in place to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. However, we found risk assessments were not kept up to date or reviewed regularly. This was important as people's health and care needs could change over time.

For example, one person who had developed leg wounds in the past had no risk assessments in place to minimise the risk of these happening again. In addition, records were unclear about whether the person was undergoing current treatment for wounds on their legs. We brought this to the attention of the supervisor during our inspection visit. They explained the person had been treated for leg wounds by the district nursing team in the past, they explained any indication of the wounds re-occurring would be referred to the district nursing team for treatment. However, there were no instructions for staff on any preventative measures that might be taken to minimise the risk of re-occurrence.

One person had a range of medical conditions including diabetes and epilepsy. There were no risk assessment or risk management plans in place to instruct staff on how the risks associated with these medical conditions should be managed. All staff had not received training in how to manage the risks associated with these medical conditions.

Another person was at risk of accessing or purchasing too much alcohol, which was detrimental to their health. The person's records stated, 'I buy alcohol as much as I can.' There was no risk assessment or risk management plan in place to instruct staff on how the person's access to alcohol should be managed, or what staff should do if the person bought too much alcohol.

We brought the lack of up to date risk assessments to the attention of the manager following our inspection visit. They told us all risk assessments would be reviewed and updated by mid November 2016.

The manager and supervisor were clear that staff knew people well, as they used a consistent team of staff to support people.

People we spoke with told us there were enough staff to meet their needs. Staff also agreed there were enough staff to care for people effectively, as all the staff worked on site as a team. The supervisor told us, "We don't need to use temporary staff." They added, "We are recruiting for more staff at the moment to increase our flexibility and responsiveness to staff absences, but all the shifts are fully covered." One staff member commented, "Two more staff are being recruited at the moment, we do have a good team of staff, we all work well together and most importantly we work well with the tenants."

We observed in the communal areas there were enough staff to care for people and spend time with them. For example, one person was accompanied by staff on a visit out during the day. Staff members were available in the communal areas of the home to offer people support with preparing meals in the kitchen areas, and to assist people with their laundry when requested.

The provider's recruitment process ensured risks to people's safety were minimised as the character and suitability of staff was checked before they supported people in their own homes. Staff told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work unsupervised. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

We looked at how medicines were managed by the service. No-one living at Dorriemay House was managing their own medicines and had their medicines administered to them by care staff. We were concerned that this was not providing people with choice and independence. There were no risk assessments in place to review the risks associated with people taking their own medicines. The manager told us, "Everyone has signed their support plans agreeing that medicines are administered by staff." We asked the supervisor how this procedure supported people to take their medicines when they needed them, as some people went out each day. They explained staff members were able to prepare medicines for people to take out with them if they were accompanied by a member of staff.

Medicines were being stored in a central location at Dorriemay House, and were not kept in people's homes. We checked the storage arrangements for the medicines and found the medicine storage area was not being monitored, to ensure medicines were kept according to the recommended manufacturer's guidance. The temperature of the area was not being monitored, and medicines which had a shortened 'use by' date after opening were not being marked with the date of opening. This was important as some medicines required storage below 25 degrees centigrade to remain effective. Other medicines required disposal 28 days after they were opened. We brought this to the attention of the manager following our inspection visit, who responded by implementing temperature monitoring of the storage area and the labelling of medicines when they were opened, straight away.

Some people required topical preparations such as cream to be applied to their skin as part of their regularly prescribed medicine. This was for a range of medical conditions including dry skin, and to treat ulcerated skin. Where creams were administered to people these were not recorded by care staff on the MAR. This meant we could not be sure people were receiving their prescribed medicine. We brought this to the attention of the manager who told us they would arrange for the recording of creams following our inspection visit.

We spoke with two members of staff who administered medicines to people. Staff told us they administered medicines to people as prescribed. They received training in the 'effective administration of medicines'. This included regular checks by the trainer on staff's competency to give medicines safely. One member of staff said, "We have regular training. I feel quite confident, and if I am in any doubt I can always consult [Name],

my colleague who is responsible for medicines on site." The manager told us following our inspection visit, the medicines policy and staff training would be updated to ensure staff were trained in the recording creams.

Care staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked for any gaps or errors by care staff and by senior staff during spot checks. One member of staff said, "If I find there are gaps on the MAR charts, I investigate what has happened asking the member of staff on duty at that time if the medicine was given and inform my supervisor about the incident. If it was given I update the MAR chart. If the medicine wasn't given I will contact the person's GP and ask for advice." In addition, completed MARs were audited each month by a senior member of staff. These procedures helped to ensure people were given their medicines safely.

Good

Is the service effective?

Our findings

All of the people we spoke with told us they felt staff had the skills they needed to support them effectively. Staff told us their induction included working alongside an experienced member of staff, and training courses that gave them the basic skills they needed. For example, staff received training in first aid, moving and handling and safeguarding. The induction training was based on the 'Skills for Care' standards. Skills for Care are an organisation that sets standards for the training of care staff in the UK. This offers staff a certificate to recognise their skills at the end of the induction programme.

Records confirmed care staff received regular refresher training to keep their skills up to date. However, all staff were not offered specific training in health conditions that related to people who lived at Dorriemay House. For example, staff were not offered specific training in epilepsy or diabetes. As care records did not provide staff with information on these conditions and how these should be managed and treated, we brought this to the attention of the supervisor on the day of our inspection visit. The supervisor explained that some senior staff had received this type of training, and gained advice on these conditions, which they passed on to staff. However, this was not recorded.

The supervisor said, "If we feel staff need training in any area we can organise specialist training to ensure they have the skills they need." Staff told us they were encouraged to complete a nationally recognised qualification in care to increase their personal development, and could identify specific training to enhance their skills at regular meetings with their manager. Staff told us regular meetings with their manager made sure they continued to understand their role. Regular checks on staff competency were discussed at these meetings, which made sure they put learning and knowledge into practice. Meetings were held every three months, and staff had an annual appraisal to review their performance, discuss their objectives and any personal development requirements.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty (DoLS) were being met. 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.

All staff had completed training in the MCA and knew they should assume people had the capacity to make their own decisions, unless it was established they could not. Staff knew they should seek people's consent before providing care and support. Staff said the people they supported could generally make everyday decisions for themselves. We asked people if staff asked for their consent before they provided care, they said they did.

The manager and supervisor understood their responsibilities under the MCA. They told us there was no one

using the service at the time of our inspection that lacked the capacity to make all of their own decisions about how they lived their daily lives. We were told some people lacked capacity to make certain complex decisions, for example how they managed their finances. These people had somebody who could support them to make these decisions in their best interest. Where people lacked the capacity to make complex decisions we saw the manager worked with the local authority to conduct mental capacity assessments, ensuring any 'best interests' decisions had been made following a mental capacity assessment, in conjunction with health professionals and people's representatives.

The manager understood their responsibility under the MCA to work with the local authority, and assess if people required a DoLS, if there were any restrictions placed on their care. At the time of our inspection visit no-one had a DoLS in place.

People could choose to prepare and cook food in their own home, or there was a restaurant and café on site where they could purchase a meal. The restaurant was open for three meals each day, seven days per week. One member of staff commented, "People can be assisted in their flats to prepare their meals. The restaurant service is also available as an option."

The provider worked in partnership with other health and social care professionals to support people's needs. The manager and supervisor confirmed people regularly visited their doctor, dentist, or other health professionals when needed. One person told us, "I am supported to visit my doctor, the staff make my appointments." Care records included a section to record when people were seen or attended visits with healthcare professionals. In most of the records we reviewed, records confirmed people had seen health professionals when a need had been identified. For example, we confirmed one person had been treated for wounds by the district nursing team.

Good

Is the service caring?

Our findings

All of the people we spoke with told us staff were kind and caring. One person said, "It's lovely here, the staff are lovely." Another person said, pointing to staff members, "The staff are like family. [Name] is Mum No 1, and [Name] is Mum No 2."

The layout of Dorriemay House enabled people to have choices about where they wished to spend their time. During our inspection visit we saw some people liked to socialise and spend time together in the communal lounge and games room. The lounge was comfortable and well-furnished and provided a pleasant place for people to be together. The television was on in one section of the room, and people told us they had chosen what they wanted to watch. Other areas were available for people to spend time in such as shared kitchens, a quiet television lounge and the restaurant and café area.

Some people preferred to spend time in their own flats reading, doing handicrafts, listening to the radio or watching television. One person said, "It's lovely here I have my own place. I can use the communal areas, or be on my own when I want." Another person said, "It's my own home, I can come in when I like and I have my own key."

People's homes were personalised to reflect people's individual tastes, preferences and interests. One person said, "We can decorate and furnish our own homes how we like. I have brought in my own furniture."

The people we met in the communal areas of Dorriemay House during our inspection visit smiled and interacted with staff and each other, showing they were relaxed in their environment and enjoyed the company of staff and other people.

Staff had taken time to get to know people. When talking about people, staff referred to them by their preferred names and appeared to know a great deal about their personal history and interests, including which sports they liked to watch and take part in. We spoke with one person who staff told us about, they were enthusiastic about supporting their football team as staff had described, they told us they had access to Sky television in their room to watch sports, which they really enjoyed. One member of staff explained, "We get to know people really well."

Staff demonstrated they valued people by sharing discussions with them about things that were important to them such as their hobbies and interests. Staff took time to listen to people and showed genuine interest in what they were doing. For example, at lunch time staff spoke with people about the meals they were preparing together, and people played an active role in the conversation.

Staff quietly supported people to remain independent and do everyday tasks for themselves. We saw staff encouraging people who could walk with a walking frame to do so, which maintained their independence and kept them safe. Other people were supported with preparing meals and doing their laundry, at their request. People's records showed they had discussed some 'goals' for the future with staff, to encourage people to become more independent. The manager said, "We are currently reviewing how people can be

encouraged to achieve their goals, including supporting people to expand their independent living skills. The care records are being updated to reflect this at the moment."

People told us staff maintained their privacy. This included staff knocking on people's doors before entering, and respecting when people needed time alone. People received personal care in the privacy of their bedrooms. One staff member said, "I treat all people with respect and dignity. I make sure they can make choices about their lives, they are involved with making decisions and their voices are heard, their opinions and preferences are vital to me." Another member of staff said, "All tenants are treated as individuals with respect and dignity, if a tenant asks to speak with me in private for any reason, I suggest we go to their room or to another room where no other person can hear."

The provider ensured confidential information about people was not accessible to unauthorised individuals. Care records that were kept in the office were kept securely so that personal information about people was protected. People who had a copy of their records in their flat could choose who had access to these.

Requires Improvement

Is the service responsive?

Our findings

People told us the staff were responsive to their individual needs and wishes. This was because care staff listened to what people wanted and acted in response. One person said, "They are great, they really help when you need it."

People's support needs had been discussed and agreed with them, and their relatives or representatives, when they started living at Dorriemay House. We looked at five care records. Care records showed people's support needs when they started living at Dorriemay House. However, we saw the information in people's care records was not always kept up to date. This was important as people's health and care needs could change over time.

Records did not consistently show how mobile people were and assessments of the risks related to their mobility, and support plans to consider what help they may need, had not been drawn up to support people. For example, we saw in one person's records they needed to use a walking trolley and electric wheelchair when travelling and going out in their local community. Other care records, also in their current care file, stated the person had a good level of mobility, and did not need any assistance or walking aids.

In addition, some people were in need of care and support plans to assist staff in managing their health conditions. For example, where one person had epilepsy there was no care plan in place to instruct staff on the support the person required to manage and treat the condition. Another person had a catheter in place. There was no up to date care plans to instruct staff on how the person should be supported to maintain the catheter. The most recent risk assessment records in place for the catheter were dated 2008. The supervisor confirmed the person did need assistance with managing the catheter to ensure it did not cause them injury. This meant care records were not sufficiently up to date to ensure staff had the information they needed to support people responsively, in a way they preferred. Evidence was not available to show whether the catheter was being changed regularly.

The supervisor told us although the records may require updating; staff knew people well and supported them according to their needs. Staff told us a daily handover meeting and a handover book updated them when they started their shift each day, with any changes since they were last at Dorriemay House. Handover books contained information about each person and any changes to their health and care needs. One member of staff commented, "We have a detailed handover before each shift where staff are made aware of any changes to an individual's care needs. My manager is very 'hands on' and there is always a senior member of the team to contact should we need this." In addition the manager told us they referred to a daily handover log, and a daily meeting with the supervisor, to discuss people's health and care needs and also to discuss any concerns raised by staff."

We observed staff had good understanding of people's care and support needs, and could describe them to us. The manager told us they would be updating care records by mid November 2016 (following our feedback) to ensure all records were consistent and up to date. They added, "I will also be working on a 'pen' picture document for each person, which will provide staff with more detail about the individual and

this will be more person centred, helping staff to understand the person's character and background."

The manager told us they were also developing a 'hospital passport' for everyone at Dorriemay House. They explained the document would be prepared containing information about the person, how they communicate, and their health and care needs. The passport would then be available in an emergency situation so that people transferring between services, for example, when going into hospital, had up to date information available to travel with them, about their health and support needs.

The manager said, "Care records will be reviewed on a specified review date, or when a person's circumstances change. I am also developing a monthly audit to check care records are kept up to date."

People were supported to take part in interests and hobbies according to their individual care packages. One person told us, "I've been here a while, I enjoy it. I like the communal areas and doing crafts." Another person commented, "Because we enjoy it, we have a large Christmas tree here and a lovely Christmas dinner, it really feels like a family Christmas."

A member of staff told us they supported people to do what they wished according to each person's needs, saying, "I support them in their everyday life, for example I support them with cooking, shopping, doing their laundry, housework, with personal care, medication, and going out with them. One place we visit is to Mencap a local charity, we also go out to the cinema, restaurants, and we provide emotional support when it is needed."

The manager encouraged people to be involved in their local community, to expand their social interaction and their employment skills. One person told us about their work in a local furniture store several days each week, which supported a charity in the local community. They told us, "I really love it."

People told us they knew who to talk with if they were unhappy or wanted to make a complaint. One person said, "I would say to a member of staff." Another person said, "I would raise it with [supervisor]." However, people did not have a copy of the complaints procedure in their own flat and this was not on display in the communal areas of the home. We brought this to the attention of the manager, who said, "We will display the complaints procedure straight away, to ensure people have the information."

The manager and supervisor told us there had been no complaints regarding the quality of care people received in the last twelve months.

Requires Improvement

Is the service well-led?

Our findings

At our inspection visit, we identified several areas where the service could be improved. For example, medicines administration procedures required improvement to ensure people received all their prescribed medicines safely and in accordance with manufacturers' guidance.

Risk assessments and risk management plans to support people in managing risks to their health and wellbeing were not sufficiently up to date. This meant staff did not always have the information they needed to protect people from risk.

Care plans and care records required regular review and updating to ensure that people's care and support needs had been identified, and people were receiving personalised care that met their needs. This was important as people's health and care needs could change over time.

A full record of people's care and treatment was not always in place to maintain an up to date and contemporaneous record of people's care and support. This had the potential to put people at risk of receiving inadequate or inconsistent care, as staff did not have up to date information about people's care.

The system of internal audits and checks completed by the manager to ensure the safety and quality of service was maintained, had not identified in their existing audits what we found at the inspection. For example, medicines audits had not identified where improvements needed to be made to ensure people received their medicine. A regular audit on care records and risk assessments was not undertaken, and the provider did not have a system in place to ensure these were done.

We brought these to the attention of the manager who made some immediate changes following our visit. Following our inspection visit the manager told us they would implement a monthly audit system to check people's care records.

We found this was a breach of Regulation 17 HSCA 2008 (Regulated Activities) 2014 Good Governance

People we spoke with told us the care they received from staff at Dorriemay House was good and the management team and staff were approachable and responsive to their feedback. One person said, "I can always say things to the staff, they are really helpful." People and staff told us they would happily recommend the service to members of their family or their friends.

One local commissioner told us, "I have found them a supportive and engaging service, with attention focused on the individual. Generally it is a good service that appears to keep people's best interests at heart. They are always very flexible and accommodating to considering support for people that other services might not consider."

The service had a registered manager at the time of our inspection visit. The registered manager was supported each day by the supervisor. Staff said they enjoyed working at Dorriemay House and it was

managed well by the supervisor and the manager. Staff told us they received regular support and advice from their managers via daily meetings. Staff were able to access support and information from managers at all times as the service operated an open door policy, and an out of office hours' advice and support telephone line. In addition the supervisor and senior care staff worked alongside staff. These procedures supported staff in delivering consistent and safe care to people.

The values and vision of the provider were to help people live independently within a secure community, respecting them as individuals and supporting them to lead fulfilling lives. Dorriemay House included some communal areas where people could mix, form friendships and relationships and take part in stimulating activities. There was a café, restaurant, several communal lounge areas, community kitchens and a games room at Dorriemay House.

Staff said the manager and provider encouraged staff to provide feedback about their work, and to raise ideas to improve the service. They had a staff suggestion box in the office they could use at any time. One member of staff said, "I recently raised a suggestion about changing the hand towels to hand dryers in the bathrooms. This was looked into, and although things weren't changed, the manager explained why they had decided to keep the current system (to ensure good infection control procedures were maintained)." Staff felt this approach encouraged them to display the values of the provider, promoting inclusion, as managers displayed these with their staff. Staff told us the values were reinforced through meetings with their manager and annual work performance appraisals.

The provider's quality assurance system included asking people and their relatives about their views of the service. A twice yearly quality assurance survey was undertaken asking people what they thought of their care, the environment and the staff. The supervisor told us, "The results of the questionnaires are analysed. We review any requests people make to improve the service and follow these up with the manager." We were able to review the most recent quality assurance questionnaires which showed people had a high level of satisfaction with the service.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured that systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the service provided or to monitor and mitigate the risks relating to the health, safety and welfare of service users. The registered provider had not ensured that a complete and contemporaneous record in respect of each service user was maintained.