

Community Integrated Care Norwood Drive

Inspection report

2 Norwood Drive
Timperley
Altrincham
Cheshire
WA15 7LD

Tel: 01619049228

Date of inspection visit:
16 June 2016
20 June 2016

Date of publication:
18 July 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on the 16 June 2016 and it was an announced inspection. Forty-eight hours' notice of the inspection was given to ensure the acting manager was available.

Norwood Drive is a small bungalow in Altrincham. It has level access into an entrance hall with six bedrooms, two bathrooms and a laundry to the right of the entrance hall and a kitchen, lounge dinner and conservatory to the left. All the bedrooms are single occupancy and decorated to the person's individual preference. There is an enclosed garden surrounding the home and a small car park to the side.

The service did not have a registered manager in post. The previous manager left in September 2015 and there has not been one since. We were told at the time of the inspection that a new manager had been appointed and would take up the post in July 2016. 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.

Staff and relatives did not feel the service was well led as there had been no registered manager in post. All staff said they felt supported and felt they could raise any concerns with the acting manager and they would be acted upon.

We found the recruitment process was not robust at Norwood Drive as not all the required checks were in place prior to staff commencing work. People were well cared for despite there not being a sufficient number of permanent staff to support them effectively. The staff were knowledgeable about the needs of the people and had received appropriate training in order for them to meet people's needs.

Medicines were not always administered, stored and disposed of safely and in line with the required guidelines. There were appropriate guidance and protocols for staff when people needed 'as required' medicine.

We viewed the policies and procedures and saw they were not always being followed. Quality assurance checks were not being completed. We saw audits were being completed on medicines and peoples finances; however they had not identified issues with the checking of medicines.

People living at Norwood Drive appeared safe. Relatives felt their loved ones were safe living there. Staff knew how to keep people safe and were aware of how and to whom they could report any safeguarding concerns.

Staff were observed as being kind and caring, and treated people with dignity and respect. There was an open, trusting relationship between the people and staff.

Staff sought consent from people before providing care or support. The ability of people to make decisions was always assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were always taken in the best interests of people when necessary.

Risk assessments were up to date. Care plans were written with the person or their families. People had been supported to be involved in identifying their support needs. People's likes and preferences were recorded and staff knew the people well.

We saw people were fully supported to attend activities within the home and in the community. People, who were able to, made choices about how they spent their time and where they went each day.

We saw people had been asked for feedback about the service they received. Staff worked well as a team; we saw them communicating with each other in a respectful and calm manner. There was an open and transparent culture which was promoted amongst the staff team.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken 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.

We found that staff were not signing to say they had checked the medicines they had received into the service.

Staff recruitment was not robust; staff files did not show application forms had been completed or references obtained to show they were suitable to work in a service with vulnerable adults.

Risk assessments were person-centred and completed as required.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Formal supervision was not currently in place, but staff felt supported by their peers. Staff received appropriate training to carry out their role.

Staff had an understanding and followed legislation in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met and referrals were made to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff were observed to be caring and kind when supporting people.

People were supported to contribute to their care plan as much as possible. Where they were unable to contribute the service had sought information from relatives.

Staff ensured people's privacy and dignity were respected at all

times.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person-centred and staff knew what person-centred care meant.

People were given the choice of different activities and people were supported to go out into the community.

There was a complaints procedure in place and the service knew how to respond to complaints

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The service did not have a registered manager in post. A new manager had been appointed and was due to start in July 2016.

A comprehensive quality assurance system was not in place. However, audits on finances and medicines were done but had not identified concerns.

Staff worked well as a team and felt supported. There was an open culture in the service.

Norwood Drive

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 16 June 2016 and was unannounced. The inspection team consisted of one inspector.

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 reviewed the information in the PIR, along with other information that we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

We spoke with one person, one family member, the acting manager and two care staff as well as two visiting quality managers. We observed the way people were supported in communal areas and looked at records relating to the service, including seven care records, seven staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records. Due to the limited verbal communication of people living at Norwood Drive we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of the people who could not talk to us.

This is the first inspection for this service since it was registered with a new provider.

Is the service safe?

Our findings

We asked one person living at Norwood Drive if they felt safe, they told us they did. Relatives we spoke with felt their family members were safe living at the home. Comments included; "Yes, I feel they are safe." "The care [name of person] is safe."

We looked at the recruitment files for four staff members and found they did not contain application forms, full employment history details, photographic identification or references. We found they did contain details of checks which had been completed with the Disclosure and Barring Service (DBS) prior to staff starting working in the service. The DBS is carried out to ensure staff are suitable to work with people who live at the home. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. This meant that the service had not completed the required checks to ensure those working at Norwood Drive were competent and safe to do so.

The failure to have appropriate staff on duty was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager and staff told us that the recruitment of staff was an issue and that they relied on staff covering extra shifts or agency staff in order to meet the needs of people living at the home. The manager told us they used the same agency and same staff from the agency to ensure continuity of care. Not having sufficient numbers of its own staff employed, meant the service relied on agency staff to regularly fill gaps. Despite the service trying to ensure they had the same agency staff members to aid continuity, this would not always be possible and could result in only one member of staff being on duty who people living at Norwood Drive knew. Relatives also raised concerns about the staffing levels and the use of agency staff. Relatives told us, "We were told when CIC (Community Integrated Care) took over, they'd address the issue with staffing levels but this has not happened". On the day of the inspection we saw there were sufficient staff on duty to meet the needs of people, however the staff rota showed that the service only had six permanent staff, two of which were part time, two night staff and two bank staff. We were told by staff and a relative we spoke with that weekends were an issue and that if there was one permanent staff member on duty and two agency staff members then the permanent staff member was the only person trained to do the medicines. This could impact on those people who became anxious when changes were made. For example, we saw in one person's care file how they needed to have familiar people supporting them. Not having sufficient regular staff meant that this could not be guaranteed.

The failure to have sufficient staff on duty was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of our inspection we look at whether people's medicines are administered, stored and disposed of safely. We checked the Medication Administration Records (MAR) for two people. We found that these MAR had not been signed to show they had been checked by staff to ensure the correct medicines had been received for these people. Most people's medicines were delivered to the service in blister packs. Blister packs are prefilled sealed boxes, which are labelled with the day and time they are to be administered.

Some people also required additional medicines 'as prescribed' (PRN), such as paracetamol, if they were in pain. We saw these medicines were recorded on the MAR along with the number of tablets received but like the blister packs, we saw no evidence that they had been checked upon receipt. When we checked the number of tablets recorded on the MAR and those in the pot, we found there were additional tablets which could not be accounted for. We asked the acting manager about this and they were unable to give a reason for this. They agreed that the medicines should have been signed for when they were checked in to ensure they had received the correct medicines in the right dose and quantity and recorded this.

We saw where MAR sheets had been hand written, they had not been signed by two trained staff members as recommended in the National Institute for Health and Care Excellence (NICE) – Managing medicines in care homes.

The failure to manage medicines correctly was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014

No one was due any medicine during our inspection, but staff were able to talk us through how it was given and when it should be given. We were told, "[name of person] often gets pain in their shoulder but will tell us it is in their tummy. We know when they are in pain by their body language. We always ask if they need something for their pain when they are acting this way." We saw that people who required PRN medicine had the appropriate protocol for staff to follow which was kept with their MAR; this meant staff were able to ensure people received this medicine when they required it.

Everyone living at Norwood Drive kept their medicines in a locked cabinet in their room which meant they were being stored safely. We saw when people required topical creams, there was guidance for staff to follow to ensure this was done correctly.

We spoke to staff about how they kept people safe. Staff were able to describe various types of abuse which may affect people living at Norwood Drive. They were able to say what they would do if they witnessed or suspected abuse had occurred. They explained they would report to the manager or if the incident involved themselves, or the manager was not available then they would report it to the local authority or us (CQC). Staff also described how they kept people safe by minimising the risks to them. For example, staff described how they knew two people living at Norwood Drive did not always get on and so they always ensured that a staff member was close by if these two people were in the same room. This would allow staff to intervene if the situation were to escalate. We saw the service had a safeguarding policy in place which staff were adhering to. This showed the service knew how to keep people safe from the risk of abuse.

As part of the inspection, we looked at people's care files and checked that they contained appropriate risk assessments which were personal to the individual needs of the person. We looked at three files and we saw they all contain risk assessments which were specific to the needs of that person. For example, we saw where one person had a medical complaint which required careful monitoring. There was clear guidance to staff for signs which may indicate this person was becoming unwell. There were also clear actions for staff to follow in order to support this person and ensure they remained safe.

People's care files also contained behaviour charts if they showed any signs of behaviour which may pose a risk to others. We saw these were implemented as required and reviewed to see if there were actions which could be put in place to prevent or minimise the behaviour.

These showed that the service was proactive in keeping people safe by identifying risks and putting action plans in place to minimise them.

As we walked round the home, we checked the environment for other risks such as infection control. The home did not employ domestic staff; instead care staff all supported with ensuring the home was kept clean and tidy. We saw that the home was clean and tidy, with no malodour. Staff told us that one person living at Norwood Drive, on occasion would support with the laundry. We checked the laundry room and found not all of the cleaning products were being stored in locked cupboards which could pose a risk to people. This was immediately rectified and cleaning products were put in the locked cupboard in the laundry. We also saw that the conservatory which had been added to the home had three radiators which were not covered. The manager immediately arranged for the housing association who owned the property to be contacted to get them covered as soon as possible.

We saw the service had undertaken environmental risk assessments for areas such as gas and electric safety checks as well as fire safety checks. We saw that there were personal emergency evacuations plans (PEEPS) in place for everyone living at Norwood Drive; these contained information required should they need to be evacuated from the home. We saw the service kept this information next to every fire exit, so the information was easy to access in an emergency. The information contained was the person's name, their support requirements to exit the home safely and their room number. We saw no personal information was kept here so it did not breach data protection. Staff we spoke with told us that this information was updated every three months or sooner if someone's needs changed.

This showed the service had considered the risks posed to people and taken action to ensure they had been assessed and actions taken to minimise them.

Is the service effective?

Our findings

People living at Norwood Drive received effective care from experienced staff who knew their needs and preferences. We observed positive interactions between people and staff which showed how well the staff knew those people living at the home. For example, when one person put sat themselves on the floor, we observed a staff member sat down on the floor next to them and spoke with them on their level to encourage the person to move to a more suitable area to sit. Relatives told us they felt their family member "had their needs met by carers who know [name of person] well."

Staff told us they had not been receiving regular supervisions since the registered manager left but still felt supported by their peers. One staff member said, "We've not had management. [Name of person acting as manager] has done her their best but there hasn't been enough staff to do supervisions. We've helped each other and supported each other." Supervisions provide an opportunity for management to meet with staff, give feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help staff develop. Records of previous supervisions showed a formal system had been used to ensure all relevant topics such as training needs were discussed. We saw that where actions were identified the process ensured these had been reviewed at the subsequent supervision meeting. We raised this with the acting manager who confirmed that supervisions had not been happening however they were being introduced since the regional manager came into post. So far only the acting manager had received a supervision, but we were told these were going to be cascaded down.

The failure to provide appropriate supervision to staff was a breach of Regulation 18 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

We spoke to staff about the training they had received to prepare them to carry out their role. Staff told us they had received appropriate training in areas such as moving and handling, medicine administration and infection control. Those who administered medicines were also competency assessed and we saw that this was signed off in their training record. Staff told us they were about to go on refresher training in the safeguarding of adults and undertake training in the mental capacity act. We saw training was a mixture of E-learning as well as practical sessions. We were told that and staff members confirmed, that new staff received an induction to the home which gave them time to shadow more experienced colleagues. We were told and staff we spoke with confirmed that all staff were undertaking training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers should adhere to in their daily working life.

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.

We saw evidence of the MCA being used and assessments being completed for people using the service. We

saw that in order to gain consent for people's tenancy agreements, the service had completed a mental capacity assessment and applied to the Court of Protection in relation to them being able to sign the agreement on behalf of the person living there.

We observed staff asking for people's consent prior to them providing any care or support and waiting for a response from the person before they continued. We saw that not everyone at Norwood Drive could communicate their consent verbally. Staff had an understanding in relation to obtaining the person's consent and explained how they interpreted people's body language and facial expressions to gain their consent. Where people were unable to give consent, there was a record showing that the person's best interests had been considered. Staff had a general understanding of the MCA and how this impacted upon the work they did. The acting manager understood their responsibilities in relation to the MCA and when they needed to consider making a best interest decision.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that no one at Norwood Drive was currently subject to a DoLS authorisation. However, the acting manager was able to say when they would need to apply for a DoLS to legally authorise this. Which showed the service was working within the require legislation.

We saw people being offered choice of meals. We were told that only one person was able to have a normal diet, others required their meals to be pureed and one person required feeding through a percutaneous endoscopic gastrostomy (PEG) tube. A PEG delivers pre-made nutritional input directly into the stomach. We spoke to staff about how they managed this and they explained this person was able to take some fluids orally but staff needed to stay with the person whilst they had them. Another person's care plan showed that staff needed to stay with them and ensure the person did not rush, when they had something to eat or drink as they were at risk from choking. We observed them sitting with this person whilst they had a drink, encouraging them to take it slowly to prevent them from choking. Staff new about people's different dietary requirements and told us how they added milk or cream to fortify one person's diet.

One person told us the food was "Lovely, I chose". Staff told us that one person had their own shelf in the fridge where they could keep their favourite pies. The acting manager told us that they encouraged people living at Norwood Drive to get involved with the preparation and cooking of the meals. They told us that the person who required their nutritional needs to be met via the PEG, loved sitting in the kitchen whilst the food was being cooked even though they were not able to eat it. Staff told us and we saw from the minutes of residents' meetings that people were encouraged to contribute to the planning of meals. Staff said, "They [the people] choose what they want to have; if they change their mind we just make something else." This showed the service had taken into account individuals' choices.

When required, referrals were made to the appropriate healthcare professionals. We saw that a referral had been made to the GP and subsequently the speech and language therapist (SALT) when a person's weight had suddenly dropped. We saw this person was given 'Eating and Drinking Guidelines' for staff to follow which included a fortified diet and the use of prescribed 'thickener' medicines in their drinks to minimise the risk from choking. There was clear guidance to staff on when to monitor this person's weight and when to re-contact healthcare professionals should the person continue to lose weight. We also saw evidence of people seeing the podiatrist, optician and dentist. This showed the service supported people to maintain good health and had access to healthcare services when required.

Is the service caring?

Our findings

We observed caring interactions between people and the care staff. People were seen smiling and appeared happy with the care and support they were receiving. When asked if the care staff were kind and caring, one person said, "Yes." Another person was heard telling a staff member, "You're my friend." We saw people's faces lighting up when staff spoke with them and one person giving hugs to staff members. Staff we spoke with knew the people they cared for and knew who they could have a laugh and joke with, and we observed the good rapport. Staff spoke fondly about the people they provided care and support to and knew when people needed time on their own.

We viewed three people's care files which showed that, where possible, the service had included them in recording what their likes or dislikes were. Where people were unable to contribute, we saw the service had involved family members in order to obtain the information. We saw that all the care files recorded the person's preferred name and there was a reminder to staff about maintaining the persons confidentiality. It recorded what the person's likes were for example, 'likes banter and familiar faces'. It also recorded what was important to the person, for example, 'maintaining family contact and involving family members in decision making'. We also saw that 'My relationship circles' were recorded in the people's files; these were reviewed and updated to show who was important to the person.

We saw that everyone living at the service had a 'My goal plan'. This was a record of a set goal the person wanted to achieve and showed the steps taken towards achieving it. For example, one person's goal was about social inclusion. We were able to see that the service was supporting the person to take steps to be able to attend more social functions which they could find overwhelming at times which in turn would impact on their behaviour.

We saw the service used keyworkers to work with people. A keyworker is a named member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. The care files also contained a communication log for staff to use to record any observations of people expressing themselves in a new way. This meant that all staff were made aware of and could monitor changes in a person's behaviour.

People's privacy and dignity were promoted. Staff told us they closed doors and blinds when supporting people with personal care. We observed staff knocking on people's doors before they entered and announcing who they were and closing them after they entered. During the afternoon of the inspection, people were supported to have some quiet time in their rooms. This time allowed them to have time in their beds to relieve pressure from sitting in their chairs and also have some sensory time, whereby staff would switch on sensory lighting for those who indicated they wanted it on. Staff advised us they tried to keep this time undisturbed to allow people time for themselves and to relax.

When one person was offered a drink, we heard staff offer a napkin to protect their clothes in case they spilt their drink. We observed staff waiting for the person to indicate their consent before they place a napkin under their chin. This showed the staff member promoted the person's dignity by asking their consent to

protect their clothes.

We saw that people's care files contained information about their end of life wishes. At the time of the inspection, no one was on an end of life plan but the acting manager explained that one person in the service had recently been on an end of life care plan but now no longer required it so they had stopped it.

Is the service responsive?

Our findings

We looked at the care files for three people living at the service. The files contained detailed information about the person and what mattered to them. There was information about the person's likes and dislikes and how they liked to communicate. We also saw guidance to staff with supporting people to meet their needs. For example, one person required support with exercise; we saw clear guidance for staff including photographs of the person undertaking the exercises. This was a good example of how the staff worked in a person-centred way to ensure this person's needs were being met.

Each person had a 'hospital book' within their care file. This was information which could be taken with the person to hospital which provided information about the person, detailing what support they would need. This was particularly important for those people who had limited verbal communication as they would be unable to tell people who did not know them what their needs were. This document helped to ensure hospital staff were aware of the care needs of the person being supported. This showed the service was being responsive in ensuring people's needs were known in the event of them requiring hospital treatment.

All the care plans we looked at were personal to the individual and had been reviewed and updated regularly. We saw where there had been a change in the person's needs, the care plan had been reviewed and updated to reflect the change. However, relatives told us that since the registered manager left in October 2015, they had not been invited to a formal review of the care plans.

We viewed (with their consent) people's bedrooms. They had all been decorated to each person's personal preference. We asked one person if they had chosen how their room had been decorated. They said they had but they "needed to get carpet." We saw that everyone's room had their names on the outside which they had made themselves with support from the care staff. We also saw each person had their own memory box which included photographs of people who were important to them.

We saw evidence of different activities held within the service and also external activities people could attend. A staff member told us, "It's hard to plan activities in advance because it depends on how they [people living at the service] feel on the day. They may agree to do an activity one day, but then on the day, they decide they no longer want to participate." We spoke with the acting manager who explained that the service was currently making enquiries about taking people on holiday later in the year as this was something people had asked to do but had not been able to for a number of years. We were told that they often took people to the local carvery, who were very supportive of their individual needs as they were unable to have the carvery meal due to their dietary input requirements. Instead people were able to have a drink with food staff had brought for them. The service also had 'take away' nights for those who wanted it. People would choose what they wanted and staff would puree it for those who required it to be pureed so people weren't left out. This showed the service listened to what people wanted and included everyone in the activities.

We saw one person was supported to attend the local church every Sunday. This was important to the person and the service was responsive in meeting their spiritual needs.

We saw minutes from previous residents' meetings which had been held. We saw activities were discussed as well as menus and meals people wanted to have. We asked if relatives provided and feedback. We were told that relatives would speak to staff if they wanted anything changed or make suggestions to the service.

The service had not received any formal complaints from people or their relatives. We saw that everyone had a complaints policy within their file which had been signed by the person's relative or named person. We also saw the complaints policy was on the wall next to the entrance. The acting manager was able explain what action they would take should they receive a complaint.

Is the service well-led?

Our findings

The service had not had a registered manager since September 2015. At the time of the inspection we were told that a new manager had been appointed but had not yet taken up the position. We asked relatives and staff if they thought the service was well led. They told us they did not. Staff told us, "We have just been left to it." A relative told us, "[name of acting manager] has done their best. The last manager left suddenly; a new manager is due to start soon."

Staff told us that despite not having a registered manager in post, they felt supported by the acting manager and their peers. Staff said, "If I have a problem I know I can go to [name of acting manager]; the door is always open." We spoke to the acting manager who explained that they had been on-call since agreeing to take on the position temporarily last year and that up until last month there had not been an area manager to provide them with support. They told us they had recently had supervision with the new regional manager and would be pleased when the new manager came into post in July 2016.

The failure to have a registered manager in position was a breach of Regulation 5 of the Care Quality Commission (Registration) Regulations 2009.

Despite the service being short in staff numbers, staff and relatives told us this had not had an impact on the care people received. We were told the service used the same agency workers in order to ensure continuity of care. The acting manager expressed pride in the way staff had worked together since the previous manager had left they told us and said, "Staff morale has been brilliant; everyone has worked together." This was echoed by the staff we spoke with, who said despite low staff numbers they had worked together as a team and supported each other.

We saw that the service held staff meetings every three months, which were used to discuss what was happening within the service and also to discuss what activities/events were being held and whether staff had any issues or concerns they wanted to raise. This showed the service was listening to staff and working with them to address any concerns.

We saw the service completed weekly audits on medicines and finances. However, there were no other quality assurance checks being completed which meant the service was not checking to ensure appropriate actions were being taken. Despite weekly audits on peoples medicines being completed, the service had not identified the issues we found and therefore had not taken appropriate action to reduce the risk.

The failure to monitor and assess the quality of the service was a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the service and we found that all incidents had been recorded, investigated and reported correctly. We also looked at the services policies and procedures and saw they were current but not always being followed with regards to medicines.

We spoke with the acting manager about what the greatest achievement had been since they came into post. We were told that it was supporting a person who when they first came to the service, had not left their home in ten years. They had worked with this person to build their confidence and slowly over time (a year) and through constant support and reassurance from the staff, they managed to firstly encourage this person to get out of bed, then to get them to go out of the service in the minibus and finally they worked with this person to support them out into the community. This showed the service was continuing to strive to support people to live a fulfilled life.

We saw people, their relatives and all staff working at Norwood Drive had the opportunity to give feedback on their experiences of the service. We saw both people and staff had regular meetings where they could raise concerns. Relatives were also asked for their views and they told us that they could give feedback at any time. Staff we spoke with told us there were regular staff meetings and if any concerns are raised, then action was taken by management. This shows that the management were listening to people, relatives and staff and taking action to make the changes requested.

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 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 5 Registration Regulations 2009 (Schedule 1) Registered manager condition The failure to have a registered manager in position was a breach of Regulation 5 of the Care Quality Commission (Registration) Regulations 2009.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to manage medicines correctly was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to monitor and assess the quality of the service was a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The failure to have appropriate staff on duty was a breach of Regulation 19 (2) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The failure to have sufficient staff on duty was a breach of Regulation 18 (1) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.</p> <p>The failure to provide appropriate supervision to staff was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.</p>