

Boniville House Limited

Boniville 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection of Boniville House took place on 4 April 2017. At our last inspection on 18 November 2014 the service met the regulations inspected.

Boniville House is registered to provide accommodation and personal care for five people. The home provides care and support for people who live with mental health needs. Some people had plans to move into more independent living and were being supported to do so. On the day of our visit there were four people living in the home. Public transport and a range of shops are located within walking distance.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

People said that they felt safe and were treated with respect. Staff engaged with people in a friendly and courteous manner. Throughout our visit we observed caring and supportive relationships between staff and people using the service. People told us staff were kind to them and respected their privacy and dignity.

There were procedures for safeguarding people. Staff knew how to safeguard the people they supported and cared for. Arrangements were in place to make sure sufficient numbers of skilled staff were deployed at all times. People's individual needs and risks were identified and managed as part of their plan of care and support to minimise the likelihood of harm. However there were some other areas where risk to safety had not been identified.

Staff knew people well and understood people's needs. However, although staff had received appropriate training, staff did not have an individual training plan, and refresher training in some areas to ensure they were skilled and competent to carry out their roles and responsibilities, had not been received by staff. Staff told us they received the support they needed to provide people with individualised care and support. However, records did not show staff were receiving organised and regular supervision and appraisal to receive support, guidance and to promote their personal and professional development in their role.

There were systems in place to check certain aspects of the home however we found some deficiencies to do with assessment of people's risks, staff training and supervision had not been identified and effectively addressed.

Care plans reflected people's current needs. They contained the information staff needed to provide people with the care and support they wanted and required. People were supported to choose and take part in activities of their choice. People's dietary preferences and needs were understood by the service. People chose what they wanted to eat.

People were encouraged and supported to make decisions for themselves whenever possible and their independence was upheld and promoted. People were provided with the support they needed to maintain links with their family, friends and others important to them.

People were supported to maintain good health. They had access to appropriate healthcare services that monitored their health and provided people with appropriate support, treatment and specialist advice when needed. Systems were in place to make sure people received their medicines safely.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew about the systems in place for making decisions in people's best interest when they were unable to make one or more decisions about their care and/or other aspects of their lives.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered manager to take at the back of the full version of this 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?

Some areas of the service were not safe. People had individual risk assessments and control measures in place. However there were some areas of risk to people's safety that had not been identified and addressed.

People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Requires Improvement ●

Is the service effective?

Some areas of the service were not effective. Staff had completed some training however they had not completed recent training in all relevant areas or received regular planned supervision and appraisal to show they had the skills and support they needed to enable them to care for people effectively.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

Requires Improvement ●

Is the service caring?

The service was caring. We observed positive interaction between staff and people using the service. People told us staff treated them with respect, promoted their independence and involved them in decisions about their care.

Staff understood people's privacy needs and had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Good ●

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support.

People were supported to take part in activities of their choice.

People knew who they could speak with if they had a complaint. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Some areas of the service were not well led. There were systems in place to check certain aspects of the home however we found some deficiencies in the service had not been identified or effectively addressed.

People using the service and staff informed us the registered manager and deputy manager were approachable, listened to them and kept them updated about the service and of any changes.

Staff told us that they were encouraged to raise any concerns and good team work was promoted by open discussion.

Requires Improvement 

Boniville 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 was carried out by one inspector. Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection.

During the inspection we spoke with four people using the service, the registered manager, deputy manager, a senior care worker and a care worker. Following the inspection we spoke with a person's relative and a social care professional.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of four people living in the home, three staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People using the service told us they felt safe living in the home. Comments from people included "I feel safe. If I was worried I would speak with [registered manager] or [deputy manager]. They are good."

Care plans showed people's individual risks were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and also to support them to take some risks as part of their day to day living. People's risk assessments were personalised and had been reviewed and updated regularly. They included risk management plans for a selection of areas including; smoking, self-harm, going out unaccompanied, self-neglect and behaviour. Staff had a good understanding of people's risks.

However, we found other areas of risks to people had not been identified and assessed. Two radiators in the communal areas were found to be uncovered so people could be at risk of being scalded if their skin was in contact with the radiator. One of the radiators at the time of the inspection was not accessible to people due to the position of a sofa in front of it. However, individual assessment of each person's risk of being scalded by radiators was not available. So there was no indication that the potential for scalding and burning had been assessed and any necessary controls had been identified to minimise the risk of people being harmed. The registered manager told us that she felt the risk to the people currently using the service were minimal but would ensure the radiators were covered and would carry out an assessment of each person's risk of being scalded. Following the inspection the registered manager provided us with individual risk assessments of each person's risk of being scalded which showed this to be of low risk.

Staff often worked alone. Although there were arrangements in place, which staff were aware of for staff to obtain advice and support from management staff there was no lone working policy or risk assessment in place which showed health and safety risks for staff working alone had been assessed and control measures put in place where needed to keep staff and people using the service safe. Following the inspection the registered manager provided us with a lone worker policy they had completed. The lone worker policy showed management staff provided staff with 24 hour support, and included guidance for staff to follow to keep them and people using the service safe.

A fridge and a freezer located in the kitchen were found to be locked. The registered manager told us that these were in place to minimise the risk of a person being harmed due to a person's behaviour with food. However, there was no risk assessment in place and the locks prevented other people using the service having access to the fridge and freezer. The registered manager told us they would carry out a risk assessment and provide other people using the service with details of how to open the locks so people had access to the fridge and freezer. Following the inspection the registered manager completed individual risk assessments regarding people's access to the fridge and freezer. These indicated people could access the fridge and freezer independently if they wished to do so.

There was an up to date fire risk assessment in place and fire drills with people using the service regularly took place. There was guidance to follow including an evacuation procedure in the event of a fire. However, records were not available to show that deficiencies found during the fire risk assessment that was carried

out in 2016 had been addressed by the provider. Three doors located in the dining area were wedged open which in the event of a fire would not be effective in restricting the fire spreading. Following the inspection the registered manager told us that door retainers which would automatically close in the event of a fire had been fitted to those doors.

Although the service had a comprehensive fire risk assessment it did not have an emergency plan accessible to people and staff that included details of action staff should take in the event of a range of other emergencies such as gas leaks and/or loss of electricity supply. The registered manager told us they would develop an emergency plan for the service.

The above deficiencies found during the inspection in assessment and mitigation of risks to the health and safety of people were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

There were various health and safety checks carried out to make sure the premises and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems. Accidents and incidents were recorded and addressed appropriately.

There were procedures in place which informed staff of the action they needed to take when they suspected abuse or were aware of poor practice from other staff. Staff were aware of whistleblowing procedures and were able to describe different kinds of abuse. They told us they would immediately report any concerns or suspicions of abuse to the registered manager and were confident that any safeguarding concerns would be addressed appropriately by her. Staff also knew to report all incidents of abuse to the host local authority safeguarding team.

People were supported to manage their finances. The individual support people needed with their finances was described in each person's care plan. One person managed their finances independently. We saw that appropriate records were maintained of people's finances including their spending. To reduce the risk of financial abuse the registered manager carried out frequent checks of people's monies. People signed that they had received spending money. During the inspection we heard a member of staff discuss a person's monies with the person. We noted that they involved the person fully in a decision about expenditure and respected the person's choice. A person who went to the local shops during the inspection told us about the purchases they had chosen to spend their money on.

The three staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

There were systems in place to manage and monitor the staffing of the service so people received the care they needed and were safe. Staff mostly worked alone, however the registered manager and deputy manager usually spent a period of time in the service each day. They were also available for advice and support when needed.

Staff told us that with regard to people's current needs the staffing was sufficient. Most people needed minimal support from staff in meeting their personal care needs and every person could independently access community facilities. The registered manager told us the staffing was flexible and provided us with examples of when there had been extra staff on duty such as when people had been unwell or whose

behaviour had challenged the service, and when people needed support from staff to attend appointments. A person using the service confirmed they had received support from a member of staff to attend a health appointment. On the day of the inspection the deputy manager accompanied a person to a hair appointment. Staff had time to spend time talking with people and were available when people wanted to engage with them and/or needed assistance.

People's medicines were stored securely. A medicines policy which included procedures for the safe handling of medicines was available. Records showed that a pharmacist had carried out an audit of the medicines in 2016. Regular checks of the medicines were also carried out by staff, which included checks of the stock of medicines administered from their original medicine box. Records showed that people's medicines were regularly reviewed by a doctor. Medicines administration records [MAR] showed that people received the medicines they were prescribed. We observed staff administering medicines to people in a considerate and safe manner.

Staff told us that prior to administering people's medicines they had received medicines training including 'in house' medicines training. The registered manager told us about the monitoring of staff's medicine competency that were carried out by management staff. However although there were records of staff having received medicines training, there were no records of the monitoring checks. The registered manager told us they would ensure those checks were recorded. We found there were accessible information leaflets about each person's medicines. Staff also had access to a computer and an up to date pharmaceutical reference book where they could look up medicines they were not familiar with.

The home was clean. Staff had access to protective clothing including disposable gloves and aprons. Housekeeping duties were carried out by care workers who recorded when tasks had been completed. Guidance about the importance of people and staff washing their hands to minimise the risk of infection was displayed.

Is the service effective?

Our findings

Staff were seen to respond to people's individual needs in a manner that indicated they had a good understanding of people's varied and complex needs. They effectively supported a person to become calmer when the person had showed signs of being anxious. People using the service told us they felt staff understood their needs and were happy with the care and support they received from staff. Comments from people included "Staff are very nice" and "Staff listen. They help me."

Staff spoke in a positive manner about their experiences of working in the home caring and supporting people. They had a good understanding of the people they supported and told us about how they provided people with the support and care that they wanted. They were knowledgeable of the matters that were important to people, such as people's preferred routines and assisted them to fulfil and develop those preferences. A member of staff told us "I love my job. I treat residents as family." A person's relative provided us with positive feedback about the staff who they told us they thought understood a person's needs well.

Staff told us that when they started working in the home they had received an induction, which included; learning about the service, people's needs and shadowing more experienced staff. They informed us the induction had helped them to know what was expected of them when carrying out their role in providing people with the care and support they needed. We confirmed this when we looked at staff induction records. The registered manager told us they had not employed any new staff for some time and would look into using the Care Certificate induction [the benchmark for the induction of new care workers] when new staff were employed. A member of staff told us they had completed a vocational qualification in health and social care.

Records showed and staff told us they had received some recent relevant training to carry out their responsibilities in providing people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; fire safety, infection control, Mental Capacity Act and Deprivation of Liberty Safeguards, safe handling of medicines, understanding mental health, food safety and safeguarding adults. However, training certificates showed that staff were due refresher training in some areas, such as safeguarding adults, food hygiene and moving and handling. For example a member of staff had completed food and hygiene training on the 25 March 2013, which was valid for three years. However, there was no indication that the member of staff had completed any food and hygiene training when it became invalid on 24 March 2016. There was also no indication that staff were up to date with first aid training, so may not know how to provide immediate help to someone in an emergency situation. The registered manager told us that a member of staff had a nurse qualification but would ensure that staff received first aid training and other refresher training promptly.

Staff told us they felt well supported by the registered manager and the deputy manager. They informed us the managers spent time regularly in the home and were available for advice and support at any time. A member of staff told us "[The registered manager] made it clear to call her anytime." The registered manager told us they provided staff with support through day to day supervisory and managerial processes. The support included one to one discussions about matters to do with the service including people living in

the home. A member of staff told us that they had regular one to one supervision and appraisal. However, there were no records that showed staff regularly had planned supervisory and appraisal meetings. Appraisals are when staff meet formally with the registered manager to discuss their progress, best practice topics and other matters relating to the service. The registered manager provided us one to one supervision and appraisal template documentation for recording staff supervision meetings and appraisals and informed us these meetings would commence promptly.

The above deficiencies in staff training, supervision and appraisal were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

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. The registered manager told us that people using the service were able to make decisions in all areas of their lives. People told us about the decisions and choices they made. Staff knew that if people were unable to make a decision about their treatment or other aspect of their care, health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest. Staff were knowledgeable about the importance of obtaining people's consent when supporting people with their care and in other areas of their lives. For example; we observed a member of staff ask a person whether the person agreed to take their medicines before administering the medicines to the person.

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). Staff knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. Records showed that a DoLS application had been made for a person who used to live in the home. The registered manager told us that at the time of our inspection there was no one that required being subject to a DoLS authorisation. We saw that people went out and about freely and had their own key to their bedroom and to the front door so their liberty was not restricted.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. People received health checks and had access to a range of health professionals including; GPs, chiropodists, dentists, and opticians to make sure they received effective healthcare and treatment. A person told us about a recent chiropody appointment that had attended. Records showed health and social care professionals had visited the home to see people using the service.

People told us they enjoyed the meals provided by the service, which catered for their nutritional needs and preferences. They told us they could have an alternative if they did not like a meal that was provided. A person told us "I enjoy the food. I can have what I want. We have different foods." Staff were knowledgeable about people's dietary requirements. We heard a member of staff talking with a person about the person's dietary needs and preferences. A person who needed to gain weight was encouraged by staff to eat lunch and was praised by staff when they accomplished this. The registered manager told us about the support another person had received from a dietician. A range of fresh fruit was accessible for people. Snacks were available at any time and people helped themselves to a variety of drinks throughout the day.

Is the service caring?

Our findings

During our visit we saw positive engagement between staff and people using the service. The registered manager, deputy manager and care staff spoke with people in a friendly and respectful way. Comments from people using the service included "Staff are friendly," "I go out when I want. I have my own key, I am very independent," "I get on with everyone here. The staff are nice."

Staff told us they knew people well and had a very good relationship with them. From observation and talking with staff we found that staff clearly knew people really well and had a good rapport with them. People spoke highly about the staff who they told us were kind to them and provided them with the support they needed. Staff told us they got to know people by talking with them and other staff, and by reading people's care plans. The registered manager informed us that with involvement from people the service planned to develop a profile about each person to help staff understand their individual needs.

Staff told us about how they encouraged and supported people to be fully involved in their care and other aspects of their lives. People confirmed they were involved in decisions about their care and were happy with the care they received. During the inspection people made a range of day to day decisions, which were respected by staff. These included decisions about the time they got up, and how they wanted to spend their time. During the inspection staff encouraged and praised people.

Staff told us people's independence and the development of their skills were supported by the service. Staff informed us that they encouraged people to be involved in household tasks such as participation in the laundering of their clothes, sweeping the floor and tidying their bedroom. We saw people carry out some domestic tasks during the inspection. The registered manager told us about the support and encouragement being provided to a person to develop their everyday living skills so they would be better prepared for living more independently. People told us they accessed community facilities and amenities freely. They went out independently during the inspection. A person told us they had a travel card that enabled them to travel free on public transport. This promoted people's access to community facilities and enabled them to visit family and friends regularly.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. People told us about the contact they had with family and friends, who were free to visit whenever people wanted them to. They confirmed that their relationships with people were supported by staff. Some people received regular visits from family members and friends, others regularly visited their relatives at home. The registered manager told us there was good communication with people's families. A care worker told us about their key worker role in supporting a person using the service which included making health appointments, reviewing the person's care plan and supporting the person to maintain and develop their relationship with their family. A person using the service told us they knew the name of their keyworker and said they provided them with help and support.

Staff understood people's right to privacy and we saw they treated people with dignity. We saw staff respected people's choice when they decided to spend time alone in their room. Staff knocked on people's

bedroom doors and waited until the person gave permission for the person to enter. People's privacy was promoted as people had their own key to their bedroom so they could lock it when they were out so their belongings remained private and safe. Staff had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment.

A person told us they regularly attended a place of worship. People told us religious festivals and people's birthdays were celebrated in the home. A person using the service told us they were looking forward to a forthcoming commemoration of a religious event.

Care workers had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs and needs.

Is the service responsive?

Our findings

People told us that staff were responsive. A person told us they were supported by staff to see a doctor when they were unwell. Another person spoke of staff supporting them to attend a health appointment when staff had recognised the person needed specialist treatment to meet a health need. Comments from people included; "I am keeping well, I haven't felt so well for a while. The GP is up the road, I go when I need to," "Staff listen. They ask me what I want. I like it here."

People's needs were assessed with their participation and when applicable their family involvement, prior to them moving into the home. Assessment information was also received by the person's placing local authority. Care plans showed us assessment of people's needs formed the basis of their care plan and identified where people needed support and guidance from staff; such as with their social needs and interests. A person told us they had been asked questions about their life, needs and preferences before and following moving into the home.

The registered manager told us about people's complex needs and how they had progressed since moving into the home. A social care professional confirmed this and told us that a person had become more settled and stable whilst receiving care and support from the service. Care plans identified the support people needed with their care, health and other aspects of their lives including what was important to them, their preferences, abilities and religious and cultural needs. For example, a person had a specific care plan for the management of their emotional needs. Staff told us they had read people's care plans and updated them regularly and when there were changes in people's needs. They were knowledgeable about the guidance they needed to follow to meet each person's needs such as particular health needs. People had signed their care plans.

Staff told us and records showed people's needs were monitored on a day to day basis and during the night. Staff informed us they had a 'handover' at the start and end of each shift when they shared information about each person's current needs and progress. Care records were completed during each shift and included details about the activities people took part in and any changes in people's health, mood and care needs so staff had up to date information about people's current needs.

A person's relative confirmed they were fully involved in issues to do with a person's care and were kept informed about a person's progress and told about any changes in the person's needs. They told us the service was responsive to the person's needs and provided us with an example of the service having responded to a person's recent medical needs.

People's activity preferences were recorded in their care plan. Staff told us they encouraged people to participate in activities of their choice but some people lacked motivation to do much activity or to continue with activities they had started. People told us about the things their interests and leisure pursuits they enjoyed. A person told us they liked to visit a family member, have their nails manicured, and enjoyed going out with staff. Another person told us they enjoyed going to the local shops, talking with staff, drawing and watching television. During the inspection a person visited a family member; others went out in the

community independently or with staff, watched television, chatted with staff, completed household tasks and chose when to spend time in their bedroom. A person had their hair done at a local hairdresser's.

The service had a complaints policy and procedure for responding to and managing complaints. People told us they found staff approachable, they had no complaints about the service and would report any complaints they had to the registered manager. Staff knew they needed to take all complaints seriously and report them to the registered manager. Records showed there had been several compliments about the service and no recent complaints.

Is the service well-led?

Our findings

People using the service, a person's relative and a social care professional were positive about the service. A person told us "I am very happy here, it's much better than the last place." Staff told us the registered manager and deputy manager worked alongside them to support people.

The service has a clear management structure, which consists of a registered manager who directs the management of the service with support from the deputy manager and a senior care worker. We were informed that the registered manager or deputy manager were on call at all times to provide staff with support and advice. Staff provided us with examples of when management staff had been responsive to issues that had arisen in the service. We heard and saw the registered manager and deputy manager engage in a positive manner with people using the service.

Staff we spoke with were clear about the lines of accountability. They knew about reporting any issues to do with the service to the registered manager. Where incidents had occurred, detailed records had been completed and retained at the service.

The registered manager told us staff had a range of monitoring roles and responsibilities in a range of areas of the service. These included reviewing people's care plans, checks of the cleanliness of the kitchen, fire safety checks, and monitoring of hot food and fridge/freezer temperatures.

We found some checks were being carried such as checks that cleaning duties were being carried out and checks of services including gas and electric services were completed. However, we found there was no systematic auditing process in place to effectively identify, monitor and improve the quality of service being provided to people using the service. Systems were not in place to identify, monitor and mitigate all risks to people's safety and to demonstrate staff received appropriate training, supervision and appraisal to carry out their roles and responsibilities in providing people with the service they required.

The registered manager told us about the refurbishment of the service that had recently been carried out that had included the installation of ensuite facilities in people's bedrooms and spoke about future plans for development of the service. However, no written evaluation of the quality of service being provided to people and/or annual development plan had been conducted to identify where further developments to the service were needed and to show the action planned to make improvements to the service for people. The registered manager told us a check of all areas of the service and annual development plan would be completed and carried out on a regular basis to identify the areas where improvements to the service were needed and show the action that was planned to address them.

The lack of overall monitoring and effective auditing processes indicated the quality and safety of the service for people were not being effectively evaluated and monitored to identify shortfalls and to show appropriate action was taken to make improvements to the service when needed.

The above deficiencies in systems and processes to assess, monitor and improve the quality and safety of

the services were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

The registered manager told us they felt that all staff worked well as a team. Staff confirmed this and told us they felt valued. The staff team had participated in 'away days' to develop and promote team work. The registered manager had shown in a range of ways how they valued and recognised staffs' endeavours and accomplishments in providing people with the service they needed. Staff told us they were happy working in the home and enjoyed supporting people to lead a good quality life.

Day to day staff meetings and planned staff meetings provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. Staff told us they were kept well informed about the service and were confident the registered manager would listen to them and address any matters they raised.

Staff reported incidents and concerns when they happened so the provider could identify and respond to risks to the safety and welfare of both people and staff. Where there had been incidents learning had taken place and actions taken to reduce the risk of repeat incidents.

The registered manager told us there was good communication with people's relatives. A person's relative confirmed this. Records showed relatives, friends and health and social care professionals completed feedback forms about their thoughts of the service each time they visited the home. Records showed they had provided positive feedback. A person's relative told us "We always complete a feedback form when we visit [person]." People using the service had the opportunity to meet regularly with their key worker to discuss the service and their needs.

A range of records including people's records, visitor's book, and feedback forms showed that the organisation had a culture of openness and communicated well with people's care co-ordinators, people's relatives and others to do with the service. A social care professional confirmed the registered manager communicated with them well and always kept them well informed about people's needs and of the outcome of hospital and other appointments people attended.

Policies and procedures were in place. The registered manager told us they were in the process of being reviewed. Staff knew about the policies and procedures related to the care of people and the running of the service and how to access them when this was required.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People, who use services and others, were not protected as assessment of risks to their health and safety were not always carried out nor action taken to mitigate any such risks.</p> <p>Regulation 12 (2) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>Regulation 17 (2) (a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (2) (a)</p>

