Consensus Support Services Limited

Burnham 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

About the service
Burnham House is a residential care home providing personal care to people with learning disabilities and/or autism. At the time of the inspection there were six people living at the service. The service can support up to eight people.

People's experience of using this service and what we found
The service didn't always apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons. People had lack of choice and control around the décor of their home.

We found that individual risk was not always assessed, and people were not protected from the risk of harm associated with the maintenance of the service or the spread of infection.

Systems had been established to safeguard people from the risk of abuse. Medicines were being managed in a safe manner. There were enough staff working at the service and pre-employment checks were carried out on prospective staff. The service learnt from accidents and incidents to provide safe care and support.

The service did not always consult with people using the service about the adaption of their home. Assessments were undertaken to determine people's needs before they moved into the service. Staff received training to support them in their roles. Staff were provided with ongoing support through supervisions and appraisals and received a thorough induction, to enable them to provide effective care and support. People's nutritional needs were met, and they told us they enjoyed the food. People were supported to access relevant healthcare professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were treated in a caring manner by staff. People were involved in the planning and reviewing of their care. Staff understood how to support people in a way that respected their dignity, privacy and promoted their independence.

People received individualised care that met their needs. The care plans were person centred and discussed people's protected characteristics. People were supported to engage in their local community and participate in activities of their choice. Information was provided to people in an accessible format. People told us they felt able to make a complaint and were confident that complaints would be listened to and acted on. Staff were equipped with the skills to provide end of life care to people.

The governance systems in place did not identify the shortfalls we found during our inspection.

People and staff spoke positively about the service and said it was managed well. There were processes in place to manage and monitor the quality of the service provided. The management team had regular contact with people using the service and their staff. The registered manager kept up to date with best practice to ensure a high-quality service was being delivered.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)
The rating for this service was good (published 9 February 2017). The service is now rated requires improvement.

Why we inspected
This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

Enforcement
We have identified breaches in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Burnham House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector

Service and service type
Burnham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports, notifications of serious incidents and any whistle blowing or complaints we had received. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with two people who used the service about their experience of the care provided. It was not always possible to speak to everyone and ask direct questions about the service they received because of people's learning disabilities. However, people could express how they felt about where they were, the care they received and the staff who supported them through non-verbal communication. We observed interactions between staff and all the people using the service as we wanted to see if the service communicated and supported people in a way that had a positive effect on their wellbeing.

We spoke with four members of staff including the registered manager.

We reviewed a range of records. This included three people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We reviewed additional quality assurance records.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

● During the inspection we found that not all necessary measures had been carried out to keep the service clean and prevent the spread of infection. We saw that the window sills were unclean, some kitchen switches were covered up with dirty sellotape and bottle lids and the dishwasher and other items of furniture were broken. Furthermore, we found there was no hand soap, hand towels or toilet roll available in any bathrooms. The bath mats were not clean and people's bedroom walls were marked and appeared dirty.

● There was a cleaning rota in place. However, there were gaps on the rota which meant there were no records to confirm the service had been cleaned in line with its schedule. For example, on the 15, 20 and 21 July 2019 the rota showed that the floors were not mopped, and the toilets, hand basins and mirrors were not cleaned. Furthermore, on the 6 July 2019 the fridge and freezer, kitchen surfaces and kitchen cupboards were not cleaned. We asked the registered manager about this during our inspection. They advised it had been done but not recorded.

● One staff member felt the service was, "Clean enough, but the maintenance could be better, the general upkeep." Another staff member confirmed, "Cleanliness is okay. There is a lot that needs fixing. It has taken a long time to fix [person's] bathroom."

Assessing risk, safety monitoring and management

● People's risks were not always properly assessed to ensure people were supported in a safe manner.

● In one person's bedroom their bed had been placed at an angle that meant there was very little room either side to get in and out of the bed; it was restricted by a chest of drawers and a radiator. This person required monitoring when they were asleep due to a specific medical condition. There were no records to confirm the provider had considered the person's needs or liaised with the relevant health and social care professionals to ensure this person's safety when they were sleeping. Therefore, there was a possibility that if this person became unwell or needed medical support they would be at risk of harm.

● In another person's bedroom their bathroom had been out of order for four weeks. It was in a state of disrepair and it was not safe for people to access. The bathroom door was not appropriately secured and there was a strong smell of damp in the person's bedroom. There was a note on the door to say the dehumidifier should be turned on, but when we arrived in this person's bedroom it was turned off. The registered manager showed us records to confirm it had been reported but the provider had not acted in a timely manner, which means this person was living in an unsafe, unpleasant and unhygienic environment.

● We also saw there was a swing in the garden for one person. This swing had not been risk assessed with

the person's specific medical condition in mind and there were no records to show the swing had been maintained to ensure it is safe to use.

There were not always robust systems in place to assess and prevent the spread of infections to keep people safe. The service did not assess the risks to health and safety of people receiving care and support and do all that is reasonably practicable to mitigate these risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Risk assessments were in place for individual support needs including skin care, moving and handling and personal care. Records confirmed these were reviewed to reflect people's changing needs.
● Staff were aware of how to support people to manage risk. One staff member told us about how they would support a person living with a specific medical condition, "It is a case of observing [person] and reporting everything. If [person becomes unwell] we would make sure there was nothing around [person] that could cause [them] harm." Another staff member spoke about how they would keep people safe when out in the community, "For road safety, [person is] not aware of what is around. I might move closer to the dog so [person] isn't right next to it. This meant people were being supported to manage risk and stay safe.
● Environmental safety checks were carried out relating to the premises including the fire systems and those related to gas, electrics and water. The service had up to date Personal Emergency Evacuation Plan (PEEP) in place for all people living at the service; these were available in the emergency box by the front door and in people's care plans. This meant in the event of an emergency staff would know how to best support all people living at the service.
● Following the inspection, we received confirmation that secure power socket covers had been ordered and a deep clean was due throughout the property.
● After the inspection the provider sent an assessment to show the swing has been checked for its safety and a risk assessment had been developed which guides staff on how to keep the person safe when using the swing and who to report any faults to.
● Following the inspection the provider also advised they had been in touch with the relevant health and social care professionals to discuss the safety of the person's bed and were given some recommendations to implement to ensure their safety and wellbeing.

Systems and processes to safeguard people from the risk of abuse
● Systems were in place to protect people from the risk of abuse. This included safeguarding policies and procedures that guided staff on how to respond to any allegations of abuse. People told us they felt safe living at the service. One person said, "Everything is okay here."
● The service also had a whistleblowing policy in place. One staff member told us, "If you are worried about an individual and the way in which they are cared for. There is a number in the office, and you can do that anonymously."
● Staff had completed safeguarding training and understood their responsibility to report any concerns of abuse. One staff member said, "We aim to make sure [people] are safe from harm, including any problems they could face like discrimination. I would report anything to my manager. If nothing happened, I would ask again or try and speak to her manager."

Staffing and recruitment
● Observations and records confirmed there were enough staff to meet people's needs. One staff member said, "[Registered manager] goes through the activities log and makes sure there are enough staff on the rota."
● Safer recruitment practices were followed. Pre-employment checks such as Disclosure and Barring Service (DBS) checks, references, employment history and proof of identity had been carried out as part of the

recruitment process. This ensured that people were protected from the risks of unsuitable staff being employed by the service.

Using medicines safely

● Arrangements were in place for the safe management of medicines. Records confirmed, and staff told us that medicines were only administered by senior care staff who had completed training and received medicine competency assessments.

● Staff completed medicine administration records (MARs) to record when people took their medicines. These MARs were audited and found no errors. We found suitable arrangements were in place for the storage of medicines.

● People's medicines profiles were detailed and provided information about what each medicine was used for and what common side effects staff should look out for.

Learning lessons when things go wrong

● We saw accidents and incidents were recorded so any patterns or trends could be identified, and action taken to reduce the risk of reoccurrence. There was evidence that learning from incidents and investigations took place. For example, one incident form showed a person putting themselves at risk of harm; the service responded by providing this person with appropriate activities to keep them occupied instead. This management plan formed part of the person's risk assessment; it said, "When I get upset/angry I will [cause harm to myself]. If I am doing this, you may need to give me something to occupy my hands such as a ball." This ensured the person's safety and wellbeing.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- People's bedrooms and some communal areas were decorated in line with people's preferences and were personalised. People's walls were painted in their favourite colours. One person had posters of their favourite sports team on their wall; another had posters about historical landmarks that they were interested in and a third person had religious posters.
- The service had a garden that was used and looked after by people living at the service and their care workers. One person said, "We help in the garden, yesterday evening I mowed the lawn." This showed people were supported to engage in activities within their home to keep healthy and well.
- This showed that in some areas of the service, individual preferences, and cultural and support needs were reflected in how the premises were adapted or decorated.
- However, the service was not always designed and decorated to meet people's needs. For example, in a communal lounge that was used predominantly by one person we found it had been painted all over in one colour, but it was not a favourite colour of the person who regularly used it. Nor was it the favourite colour of any other people living at the service. We saw that there were 'out of use' televisions left on the side, piles of empty cardboard boxes and a disassembled table. The registered manager could not confirm that people's needs had always been considered when communal areas of the premises were renovated or decorated.

We recommend the provider consider current best practice guidance to ensure the premises are adapted with people's needs in mind.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure the service could provide care and support to meet individual preferences and keep people safe and well. Assessments of people's needs were carried out by the service prior to people moving in. Assessments covered needs associated with personal care, mobility, medicines and nutrition. They also looked at, "What is important to me. What you need to know about me. My family history." The purpose of the assessment was to determine what the person's needs were and if the service was able to meet those needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had the necessary skills and knowledge to effectively meet their needs. Records show that staff had completed or were in the process of completing the Care Certificate. The

Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

● Staff told us, and records confirmed, they received regular supervisions and access to training to enable them to deliver effective care and support. One staff member told us, "We get enough [training], I am happy with where I am at." Another staff member said, "Yes, I feel supported. I get on well with [registered manager] she is understanding about everything and anything and she always helps us with any queries."

● New staff received an induction, which included shadowing a more experienced member of staff and learning about the policies and procedures of the organisation. Staff confirmed their induction was helpful. One staff member said, "You get a lot of time on the induction and are never left alone, so you get an opportunity to know people before you [start work]."

Supporting people to eat and drink enough to maintain a balanced diet

● People's nutritional needs were being met and staff supported them to stay hydrated and have a healthy diet. Care plans informed staff if people required support with meals. One person's care plan advised they were to be given their drink in a cup with two handles, and it was to have a small amount of water in to allow them to sip it, as they were at risk of choking. Observations showed staff supported this person in line with their needs.

● One person told us, "[Staff] cook food for us, seven days a week we eat nice [food]." Another person told us, "I like the food." The menu was prepared each week with people's involvement; it showed people were offered a variety of meals that were balanced. People were able to choose what they wanted to eat with picture cards.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

● Staff worked with other agencies to the benefit of people using the service. Individual care plans contained contact details for professionals and guided staff to liaise with relevant agencies if concerns arose. One person's care plan stated, "If I am unwell I will tell staff and they will arrange for me to go and see a health professional." Staff confirmed they had a positive relationship with other healthcare services. One staff member said, "We have social workers come and visit. Communication is good."

● Staff supported people to access healthcare services. One person told us, "[Staff] take me to the doctor's appointment, to psychiatrist, last time I went there was April this year. I will go back again in September."

● People were supported to keep healthy and well. One person told us, "We are going swimming, shortly soon." Records confirmed that the service liaised with the local swimming pool and lifeguard to advise them of people's medical conditions. This ensured people received safe and effective care and support.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Observations confirmed that before people received any care or support staff asked them for their consent and they acted in accordance with their wishes. One staff member said, "[We always] ask them, most people are verbal. [If they are not], people will let you know if they aren't happy with hand gestures, pointing to what they want."
● Staff were able to explain how they supported people to make decisions in line with their best interests. One staff member said, "Like today [person] wanted to put [their] big coat on, we explained to [person] it's very hot and we get [person] to understand decision making and pick a new outfit." Another staff member explained, "We are making sure people make decisions about their life that are best for them."
● Consent and decision making were discussed in people's care plans. One person's care plan said, "Please watch me carefully to understand what I am trying to tell you. I will let you know through my facial expressions." Another person had a "Decision making profile" in place which advised staff how the person, "Likes to get information. When is the best time for me to make decisions. Ways you can help me understand."
● Records evidenced that DoLS were in place and up to date. This showed the service was working within the principles of the MCA.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "The staff do care. I am happy living here." Another person said, "I like living here."
- We saw people received emotional support and staff approached them in a compassionate way. One person pointed to their head, and staff immediately responded and supported the person to remove their headwear to scratch the persons head and comfortably support them to put it back on. The person appeared calm and content with this.
- The service had an equality and diversity policy in place. We spoke to staff about equality and diversity and how they would support people who, for example, identified as Lesbian, Gay, Bisexual, or Transgender (LGBT). One staff member told us, "We would be friendly, we are a welcoming home."

Supporting people to express their views and be involved in making decisions about their care

- Records confirmed people, relatives and health and social care professionals were involved in care planning and reviews. Where people were able to write their own care plans, we saw they had. One person's care plan said, "I can tell you my choices." In other people's care plans their family members had contributed to writing about the person's history and their likes and dislikes. This helped staff to understand each person better and ensure their views and wishes about their care were understood. Staff confirmed, "As much as we can, we do try [to get people involved]."

Respecting and promoting people's privacy, dignity and independence

- The service supported people to be as independent as possible. People's care plans advised where people could be supported to maintain their independence. One person's care plan said, "I enjoy helping around the house doing tasks such as hoovering, washing up, gardening and preparing meals." This person told us, "Sometimes I help with peeling potatoes. I [will] prepare tonight's dinner." Another person told us about managing their opticians' appointments, "I look after my eyes myself."
- The service supported people to maintain their privacy and dignity. We observed one staff member sit down at the person's level when they were sat in a chair to talk to them. People's care plans guided staff to promote privacy and dignity. One person's care plan said, "[When receiving personal care] staff to support me to move to an area where my privacy and dignity can be maintained."
- We saw that all confidential documents were secured; staff confirmed, "Definitely. They are locked away."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's care plans recorded their needs and preferences. They were personalised and contained information about people's lives including their family history, their likes and dislikes and what was important for them. One person's care plan explained a person did not like having their nails cut, and they were supported to maintain their nails when their relative visited. The care plan detailed what room the person preferred to minimise stress. The care plans provided staff with the opportunity to get to know people. One staff member told us, "You start to understand a lot more about the person. They are much better. They are easier to follow."

● Care plans also contained a section, "What people like and admire about me." This was available for the person, their relatives, friends and staff to complete. This encouraged a sense of positive wellbeing.

● Care plans were reviewed every three months or as and when people's needs change.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The service was able to provide information to people about their care and the running of the service in an accessible format. Throughout the service pictures were used to support people in understanding about their food choices, activities and how to raise any concerns.

● We saw care plans had information about people's communication needs. One person was non-verbal, so the registered manager advised the care plan was read to them and they were given 'yes' and 'no' flashcards to indicate they understood and were happy with the care and support they received.

● Staff had a good understanding on how to communicate with people. One staff member was seen to ask questions to a person using simple language and in order of occurrence to avoid them becoming confused.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to be a part of their local community and have relationships with others. The service had an activity timetable in place, in picture and written format that showed people what would be happening each week. We saw people were supported to access their community during the day, attending day centres and other local amenities. One person told us, "I like that I do activities, I go to college, I am

studying computers. I go to trips in the summer time, day trips."

● Records confirmed people were supported to maintain relationships with family and friends. One person practiced a specific religion. Their care plan explained they attended a place of worship with their relatives.

Improving care quality in response to complaints or concerns

● The service had a policy and procedure for dealing with any concerns or complaints. People felt comfortable raising concerns with the management team. We reviewed the complaints log and found that all complaints had been responded to in a timely manner and people were satisfied with the outcome. One person we spoke to told us they knew how to make a complaint; when we asked them who they would tell if they were not happy in their home, they pointed to the staff. This showed the service managed complaints well and dealt with them in an open and transparent way.

End of life care and support

● Systems were in place to ensure people received appropriate end of life care. Records confirmed staff had received end of life training and end of life care was discussed with people. End of Life care plans were in place. One person's care plan explained what the person would want to wear and what their tomb stone should be marked with. The service was not currently providing care and support to any person receiving end of life care and support.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● We found the service did not have robust quality monitoring systems in place to oversee the ongoing cleanliness of the service and the maintenance of the premises and equipment to ensure people received safe care and support. In addition we found the service did not always consult with people living at the home in relation to the communal décor.

The processes in place did not suitably assess, monitor and mitigate risks relating to the health and safety of people living at the service. The systems did not evidence people's feedback has been sought in relation to the care and support they are receiving. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager and staff were clear about their roles. One staff member told us, "The systems are good, they keep everyone safe."

● The provider had systems in place to monitor their provision of care and support and sought to continuously improve. These included audits of care plans, MARs and daily notes. The provider and the registered manager completed spot checks and supervisions for staff.

● The registered manager was open and receptive throughout the inspection and was keen to improve the service where possible, implementing positive change where we had highlighted improvements could be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

●The management team created a positive working culture to ensure people received high quality care and support. People and staff spoke positively about the registered manager. One person told us, "I like [the registered manager], I get on well with her." Staff confirmed they had a good relationship with their manager. One staff member said, "[Registered manager] is all good."

●The registered manager spoke in a caring and compassionate manner about all people living at the service and demonstrated an understanding of their needs. Furthermore, the registered manager spoke highly of their staff, "We want to promote progression, they are all our future managers and leaders."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager was aware of their legal responsibilities. For example, they were knowledgeable about what issues they had to notify CQC about and records showed they had done so as appropriate.

● Records confirmed that the management team were open and honest with people, learnt from accidents and incidents and responded to complaints to ensure the service ran well. Staff told us, "Overall I am happy, no concerns."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The service engaged well with people, relatives and staff to gather feedback and suggestions and to make improvements to the service.

● Staff surveys provided positive feedback. They confirmed staff felt part of the team and were confident issues about the service were discussed at team level. Furthermore, staff told us, and records confirmed they attended regular team meetings.

● Annual surveys were sent to people who used the service, relatives and other stakeholders such as healthcare professionals. We looked at the results from the most recent survey and noted peoples' comments were positive. People confirmed they were supported to see their friends and family and they were happy with their support plans. We saw one compliment from a health and social care professional regarding the layout of the care plans.

● People's views were gathered during regular house meetings and key worker sessions. Minutes from these meetings covered issues such as menus, events, outings, goal setting, and the decorating of parts of the service.

● The service participated in 'peer audits', where people receiving care and support from similar homes would visit the service and provide feedback about the quality of care and support provided. This enabled the service to be reviewed through the eyes of people receiving care and support and gave people a sense of involvement and participating in the running of services.

Continuous learning and improving care. Working in partnership with others

● The registered manager attended regular networking meetings and learning opportunities to keep themselves up to date with the latest regulations and practices. During the inspection they circulated up to date information regarding the safe practice of managing medicines. Records confirmed they attended monthly management meetings and quarterly best practice meetings to share and learn about new ways of providing the best care and support to people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use the service and others were not protected against the risks associated with the spread of infection. The service did not assess the risks to the health and safety of people receiving care and support and do all that is reasonably practicable to mitigate these risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective quality assurance systems were not in place to ensure people received safe and effective care and support.