

# Royal Mencap Society

## Penrith Drive

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Penrith Drive is a residential care home providing personal care and accommodation for up to 6 people with learning disabilities. At the time of our inspection there were 5 people using the service.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

People's medicines were not always stored, managed and administered safely. Risks associated with people's physical health was not always monitored. Environmental risks including risks of spreading infectious diseases were not always identified or managed. The registered manager took some immediate action, but further action was required.

People lived in a clean and well-furnished environment. People's bedrooms were decorated, personalised and met their sensory needs. People were supported by staff who were familiar with their needs. Staff supported people to take part in activities and pursue their interests in their local area. Staff enabled people to access specialist health and social care support in the community.

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.

### Right Care

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service worked well with other agencies to do so. People had enough to eat and drink and individual dietary needs were met. People received kind and compassionate care. Staff understood and responded to people's individual needs, and respected their privacy and dignity. Where appropriate, staff encouraged and enabled people to take positive risks. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language) and pictures could interact comfortably with staff who understood them.

### Right Culture

The provider's oversight monitoring systems and processes were not used effectively to identify and mitigate risks to people.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People were supported by staff who understood best practice in relation supporting people with a learning disability and autistic people. This meant people received compassionate and empowering care that was tailored to their needs. People's quality of life was enhanced by the service's culture of inclusivity. People and relatives were confident complaints were taken seriously. People and where appropriate their relatives views were sought through individual discussions and surveys.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was good (published 27 November 2017). At this inspection we found breaches of regulation in relation to medicines management, risks to people including the environment and infection prevention and control and governance.

#### Why we inspected

This was a planned inspection and in part prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. Some action was taken by the registered manager when concerns were raised, but further action was needed to mitigate risks to people's safety.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Penrith Drive on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

We have identified breaches in relation to medicines management, people's physical health and mobility, the environment, infection prevention and control and 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Penrith Drive

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Penrith Drive is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Penrith Drive is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We met 5 people who used the service. We spoke with 1 person and communicated with others using gestures and facial expressions, and spoke with a relative. We observed the interactions between staff and people. We spoke with 8 staff. They included the registered manager, care staff, relief staff and the provider representative. We checked the environment of the home. We reviewed a range of records. This included 4 people's care records, medicines records and 2 staff files in relation to recruitment and training, and viewed a variety of records relating to the management of the service, staff training information, audits, meeting records policies and procedures.

After the inspection site visit we continued to review information, and we spoke with 3 relatives.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

### Using medicines safely

- Medicines storage, administration and management was unsafe.
- People's prescribed topical creams and lotions were kept in a container in the shower room. Liquid medicines and eye-drops had not been dated when opened. This is important as some medicines only have a short shelf life once opened. Unsafe storage and management of medicines put people's health at risk.
- Records were not completed fully. We found gaps in medicine administration records (MARs) in both paper and electronic MARs. This meant the provider could not be assured people received their prescribed medicines at the right times. Gaps in the room temperature logs meant the provider could not be assured the medicines had been stored within the manufacturer's recommendation of safe temperature ranges to remain effective when administered.
- Where people had their medicines disguised in food or drink, known as covert administration; protocols were in place including a GP authorisation. However, there was no decision specific assessment and no evidence advice had been sought from the supplying pharmacist about what food the medicines could be safely mixed with to ensure their effectiveness. This put people's health at risk of harm.

The provider had not ensured people's medicines were stored, managed and administered safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took action to reduce some risks. For example, the topical lotions and creams found in the shower room were returned to people's rooms, new lockable cabinets had been ordered and the paper MARs were removed so staff only completed the electronic MARs.
- STOMP (stopping over-medication of people with a learning disability, autism or both) principles were followed. People's medicines had been reviewed by prescribers in line with these principles.
- People's support plan detailed their prescribed medicines, and the level of support they needed. Protocols for 'as needed' medicines, were in place providing guidance for staff as to their safe use.

### Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people's physical safety associated with their changing mobility needs were not identified or managed.
- Risk assessments did not always consider the environmental factors which could impact on people's ability to access all areas of the home safely. For example, we observed a person was able to use the stairs leading to the first floor without any difficulties. However, the steps to the summer house were considerably higher and we saw the person made several attempts to raise their leg high enough before they managed

the steps to the summer house. When we shared our observations with the registered manager they told us staff had not reported any changes about the person's ability to them. Following the inspection the registered manager told us risk assessments were in place. However, the registered manager had failed to identify the varying environmental factors and how it impacted on this person's ability to safely access the garden,

- Environmental risks within the home were not always identified. For example, unsecured wardrobes could place people at risk, if the person or a member of staff leaned onto the wardrobe or used it to steady themselves it could fall. This meant the person using the bedroom was put at risk of a serious injury due to unsecured furniture.
- People were not protected from the risk of spreading infectious diseases. A person was using a threadbare mattress protector cover and bed rail bumpers with damaged outer cover. This put the person at risk of infectious diseases and skin injury.
- Surfaces were not kept in a good state of repair to ensure effective cleaning. New wooden corridor handrails had been fitted were porous and not wipeable. There were damaged tiles, missing grouting and sealant around the bathroom furniture. The registered manager told us issues had been reported to the landlord. However, we found no practical action had been taken since the issue had been identified originally. This increased the risk of spreading infectious diseases.

The provider had not ensured risks to people in relation to the environment and infectious diseases were managed effectively. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities).

- During the inspection, the registered manager took some action to reduce risks to people. The threadbare mattress was replaced and the bed rail bumpers were removed.
- Most areas of the service were visibly clean. Staff were observed using PPE correctly.
- We were assured the provider was admitting people safely to the service.
- Staff were aware of the risks and signs of infection and had access to Covid-19 tests to reduce the risk of spreading infections.
- Support plans had sufficient instructions to enable staff to meet people's care needs. Staff recognised signs of distress and anxiety early and followed the positive behaviour support strategies reduce a person's anxiety.
- Regular fire safety checks were carried out to promote safety. Personal emergency evacuation plans had been reviewed and updated to provide staff with guidance of how to safely evacuate people in an emergency.

#### Visiting in care homes

- People were supported to maintain contact with their family and friends. Visits to the service were facilitated. People and relatives raised no concerns about visits.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member said, "The residents are vulnerable and it's my job to protect them from such risks. I know [registered manager] would take any concerns raised seriously and could inform CQC and the local authority."
- A person told us they liked staff, and identified the staff to us and told us what they liked about them. Relatives were confident staff protected their family member from the risk of abuse.
- When safeguarding concerns were identified they were managed by the registered manager. Appropriate referrals to the local authority and CQC were made in a timely manner.



### Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager regularly looked at people's individual needs to ensure people were supported by the right number and skill mix of staff and shifts were always covered adequately. A staff member said, "I feel staffing has improved and [people] going out more." Our observations confirmed there were enough staff on the day of inspection to meet people's needs safely.
- People were supported by staff to socialise at home and go out to leisure facilities and for walks. One person wanted to know which staff were on duty in the afternoon and greeted them when staff arrived.
- Safe staff recruitment processes were followed. Staff files contained relevant pre-employment safety checks and included Disclosure and Barring Service (DBS) checks, to ensure they were suitable to work within the home.

### Learning lessons when things go wrong

- Staff knew how to report and respond to accidents and incidents when they occurred. These were fully investigated by the registered manager and recorded actions taken. Staff told us any lessons learnt were discussed with them, when needed for people's safety.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs undertaken before admission were comprehensive. A relative said, "I've been fully involved in assessment, planning the care and managing [Name's] health."
- Support plans were personalised. These included information about people's needs, communication and sensory needs and considered people's diverse needs and also considered the protected characteristics identified under the Equality Act 2010.
- The registered manager and staff kept up to date with changes in best practice guidance including the right care, right culture, right support.

Staff support: induction, training, skills and experience

- Staff had received essential training for their role to meet people's needs. This included the Oliver McGowan training to support people with a learning disability and autistic people, and bespoke training based on people's individual care needs and risks.
- A staff member told us, "We have a lot of training around person-centred care and looking after people with a learning disability, empowering and to support them". [Registered manager] will check to see we've understood the learning." Staff had opportunities to discuss all aspects of their work and received feedback on their performance through regular supervisions.
- Relatives feedback about staff skills and competence was mixed. A relative said, "Some staff lack common sense and other staff are good or excellent and very competent." We shared the feedback with the registered manager who assured us further support and training would be provided to staff.

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

- People's dietary needs were considered as part of the assessment process. Support plans had clear information about people's dietary requirements and the level of support required. Staff showed people the menu options and used pictorial menus to enable people to choose what they wanted to eat and drink.
- We observed people had enough to eat and drink throughout the day. Staff were familiar with guidance around people's eating and drinking needs. Meals prepared were served individually. Where required people used adapted cutlery so they could eat independently. We observed staff supported a person to eat in a sensitive and dignified way.

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

- People were supported to maintain good health, attend routine health appointments and access health care services as required.

- Feedback from relatives was mixed. A relative said, "They keep me informed about important matters to do with [Name's] health or medicines." Another relative told us staff were not observant to changes in their family member's physical health. This was raised with the registered manager; who confirmed a medical appointment had been booked for the person immediately. They had discussed with staff the importance of monitoring people's physical health and given information about checks that could be done at home.
- Support plans contained information about people's medical history and their current health care needs. Staff gave examples of how they supported people to maintain good health on a daily basis including support with oral care.
- Health action plans were in place. These contained important information about people's needs, which could be shared with hospital and health care professionals in the event of a medical emergency.

#### 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 MCA 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).

- The service was working within the principles of the MCA. Appropriate legal authorisations were in place to deprive a person of their liberty and any conditions related to DoLS authorisations were being met. Staff had been trained in this area and understood how to support people in line with the Act.
- Relatives with the appropriate legal authority told us they had been involved in best interest decisions for their family member.
- Decision specific mental capacity assessments were carried out where people lacked capacity for instance, to use the kitchen. We found no decision specific assessment had not been completed for the administration of covert medicines. The registered manager assured us of their action to rectify this.

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

- People lived in an adapted, furnished and decorated environment that meets their needs. We observed a person being supported by staff to make a hot drink for themselves, which promoted their independence. The secure garden with decking had seating provided for people to use.
- People had personalised their room in relation to the interior decoration. One person had a sensory music playing in their bedroom in line with their needs. The environment was homely and stimulating.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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 looked comfortable around staff who supported them. We saw staff treated people with care and kindness. Staff used appropriate interaction which people understood and responded to. Staff were attentive to people's emotions and assured them when needed.
- Relatives told us staff showed care and attention to their family member. They said, "[Name] gets on well with the staff and the other people they share the house with" and "[Name] is vulnerable but [they] is loved and cared for by the staff. In a strange way [Name] is living with [their] little family at Penrith."
- Staff enjoyed supporting people, knew what was important to them, and spoke about people in a caring and respectful manner. A staff member said, "This is our extended family and as a member of staff I'm the visitor here to help and support them."

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

- Staff supported and encouraged people to express their views. Where people were unable to communicate verbally, staff used people's individual preferred communication styles to develop a rapport with them and to help make decisions. Staff used picture cards and described the gestures or body language used to communicate with people and what they meant. Staff were patient and gave people time to listen, process information and to respond.
- Staff had regular conversations with people individually to discuss what they wanted to do and to plan events such as outings and seasonal events.
- Staff supported people to stay in contact with those who were important to them. Relatives with the legal authority had been involved in decisions made about their family member's care. A relative told us they wished to be more involved with their family member and to have regular updates. We shared this feedback with the registered manager to progress.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People were dressed appropriately for the weather and the planned outing. Most relatives said staff promoted their family member's wellbeing. One relative said, "My concern is that I'm having to point things out to staff. For example, [Name] has worn an extra jumper on a hot day and stands out in public because clash of prints and colours." This was raised with the registered manager and they assured us action was taken to ensure people were dressed in outfits of their choice and appropriately, for the day.
- Staff spoke about people in a respectful way and described how they maintained people's dignity. Staff described the difference in people's physical wellbeing, confidence and mood as they were going out to different places.

- People's support plans had personal information written about them in a respectful way. Staff understood their responsibilities in relation to handling people's confidential information.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- Staff supported people to make daily choices and decisions to meet their needs and preferences. Support plans were personalised and provided a good oversight of people's needs including their physical and social wellbeing. Staff used person-centred care document in easy read format to ensure people were involved to review of their care and to plan how to reach their goals and aspirations.
- Records showed when a person moved into the service in an emergency, staff had sufficient information about their needs, risks and support required to meet their needs in a timely way.
- Staff knew people well. For instance, we saw when a person was anxious a staff member acted quickly to provide reassurance and support which had a positive impact on the person as the agitation had reduced. The action taken was consistent with the person's support plan.
- Specific risk assessments were in place for any health conditions such as managing epilepsy so staff would know how to support people safely.
- Relatives were confident staff knew people's different sensory needs and what they enjoyed doing. A relative told us more sensory activity was provided for their family member. We observed this to be case as the person was listening to relaxing music in their bedroom.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. Information was produced in formats people to understand.
- People had varying communication needs. Staff knew how people communicated and were observed responding to people's facial expressions and body language. Training was provided to enable staff to develop effective skills in different communication methods. This included picture cards used as a frame of reference to providing appropriate choices and Makaton.
- Support plans were written using pictures and symbols for example, provided a description of how people expressed themselves, such as they were in pain.

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 by staff to take part in activities and pursue their interests in their local area. This included attendance at relevant day centres and using local leisure facilities. One person told us they had been on holiday with their relative which they enjoyed. We observed staff spent time with people individually doing activities they enjoyed. For instance we saw people enjoyed sitting out in the garden as it was a warm day and went for a walk with staff.
- Staff encouraged people to do activities and considered people's abilities. Records showed people did arts and crafting activities, watched the television and enjoyed going out for walks or a coffee. Staff interactions with people was positive and with appropriate physical contact.
- Relatives told us their family member was supported with meaningful engagement to have fulfilled lives. Where possible relatives had regular contact with their family members with support from staff.

#### Improving care quality in response to complaints or concerns

- The complaints procedure in place was available in easy read format for people to understand. Any concerns raised had been fully investigated and addressed.
- A person told us they would tell staff if they were unhappy. A relative said, "Although [Name] is not verbal [Name] makes [their] wishes known to staff."
- Relatives told us when concerns were raised with the registered manager, action had been taken. The registered manager was responsive to concerns raised by a relative during the inspection visit and worked towards improving communication with them.

#### End of life care and support

- At the time of the inspection, nobody was receiving end of life care. Records showed people and their relatives had opportunities to discuss their end of life wishes.
- The registered manager told us end of life support plans would be completed when required, with the involvement of relevant individuals and palliative health care professionals.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- The provider's systems and processes for monitoring the safety and quality of the service were not always used effectively. The issues we found had not been identified through the internal quality monitoring audits and checks. This put people at risk from unsafe care due to ineffective oversight governance systems.
- We found risks to people's safety had not always been identified through the provider's quality monitoring arrangements. This included risks relating to people's medicines, environmental risks and infection prevention risks. Lack of effective monitoring put people's health at risk.

The provider's governance and oversight systems and processes were not wholly effective. This put people's health, safety and wellbeing at risk. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The registered manager told us action would be taken to address the issues we raised in relation to medicines management and a full medicines audit would be undertaken.
- The registered manager managed 3 services and relied on staff to contact them for advice and support. Staff knew they could contact the on-call service for support in an emergency.
- Systems for recording and monitoring accidents and incidents was in place to identify any trends and included actions taken to reduce further risks.
- Staff had access to up-to-date policies and procedures, which included the business continuity plan in case of any emergency. Staff were kept up to date about people's needs through daily handovers and the communication book to ensure any changes to people's support was shared.

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 had notified the CQC and other authorities of events they were legally required to do so. This meant risks identified were shared with relevant agencies.
- The registered manager worked in an open and transparent way in line with their responsibilities under the Duty of Candour. Records showed relatives were informed of incidents involving their relative, and any actions they had taken to reduce similar events.

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



- People's support plans included details of their wishes and the support needed to achieve these.
- Relatives spoke positively about the caring relationships developed between their family member and staff. A relative said, "It's a small place, which means [Name] doesn't get forgotten about."
- Staff spoke positively about the atmosphere within the service, which included good teamwork. A staff member told us, "It's a good place to work, I enjoy it. This is our extended family and as a member of staff I'm the visitor, here to help and support them."
- There was a shared commitment to the culture and values of the service. Staff showed a clear understanding and commitment in providing person centred care.

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

- People lived in a homely environment. We saw people were comfortable and spent time doing what they enjoyed including watching television in the lounge or listening to music in the bedroom.
- Surveys were used to gather people and relatives views about the quality of care provided at the service. The responses had been analysed which indicated satisfaction with the quality of the care and friendliness of staff.
- Systems were in place to support staff. Staff told us they liked working at the service and worked well as a team. Staff told us they received feedback on their performance and had regular training to keep their knowledge and skills up to date. Staff meetings were used to share information and updates and provided feedback as to what was working well, and where improvements were needed.

Continuous learning and improving care

- The registered manager was responsive to feedback during the inspection and took some action. For example, in response to concerns raised by relatives.
- The registered manager kept up to date with best practice in relation to supporting people with a learning disability. They accessed internal training and attended registered manager forums, and shared learning with staff.
- The provider representative carried out regular visits to monitor the progress of improvements and supported the registered manager. These meetings were used to look at information and trends using the internal electronic monitoring and share learning.

Working in partnership with others

- The registered manager had kept up to date with any changes in legislation and liaised with external professionals to understand local issues.
- The service worked in partnership with other agencies, including health and social care professionals. Feedback from the local authority who monitors the care provision was positive.

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's medicines were not stored, managed and administered safely. Risks to people's risks to people in relation to the environment and spreading infectious diseases were not identified and managed. This put people at risk of harm.</p> <p>Regulation 12 (2) (a) (b) (d) (g) (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's oversight monitoring systems and processes was not effective to mitigate risks to people's safety. This placed people at risk of harm.</p> <p>Regulation 17 (2)</p>