Community Care Trust (South West) Limited

Granvue

Inspection report

Lincombe Drive
Torquay
Devon
TQ1 2HH

Tel: 01803213970
Website: www.communitycaretrust.org

Date of inspection visit:
12 December 2017
14 December 2017
15 December 2017

Date of publication:
11 September 2018

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 announced inspection took place on 12, 14 and 15 December 2017. We gave the provider 24 hours' notice because it was a small service and people may have been out. The service was previously inspected in November 2015 and was found to be meeting the regulations inspected at that time.

Granvue is a 'care home' which offers short stay care and support for up to eight people with mental health needs who may require a short planned admission. Granvue allocated three of these beds for people who were in need of urgent mental health crisis care; these were for people who were referred to the service through the local NHS crisis team.

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. At the time of the inspection, two people were using the service.

Granvue had a registered manager, however at the time the inspection they were on a period of planned leave. An interim manager had been appointed by the provider to oversee the service in the registered managers' absence. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always protected from the risk of avoidable harm. We found risks such as those associated with people's complex mental health, medical needs or environment had not always been assessed or managed safely. Were risks had been identified, guidance had not been provided to staff to mitigate these risks. We discussed what we had found with two senior managers who temporarily suspended admissions to Granvue whilst they carried out a review of their admissions procedure and implemented a new process to identify and manage ongoing risk.

Some improvements were needed to the recruitment processes to ensure people were kept safe. We looked at the recruitment files for five staff. We found three of the files did not contained details of each staff member's full employment history or the reasons for any gaps in their employment. This meant the provider could not be assured they had taken sufficient action to ensure staff were of good character.

People were not always supported by staff that had the necessary skills and knowledge to meet their needs. Records showed that staff inductions, supervisions, and annual appraisals were poorly documented. We found there was not an effective system in place to ensure staff were provided with the necessary training and support to meet the needs of the people they supported.

The provider used a variety of systems to monitor the quality and risk at the service. However, governance systems had not identified a number of concerns we found at this inspection. Although systems were in

place to identify and record accidents incidents, there was no consistent system in place for analysing and identifying patterns to prevent a reoccurrence.

People told us they felt safe living at Granvue. One person said, "Yes I do feel safe within the boundaries of my own health, I'm safe here." Staff said there were enough staff to care for people and keep them safe. People were protected from the risk of abuse. Staff attended safeguarding training to enhance their understanding of how to protect people.

People received their medicines when they needed them and in a safe way. People were supported to eat a healthy diet which promoted their health and well-being, taking into account their nutritional requirements and personal preferences.

People were cared for and supported by staff who knew them well. Staff were kind, caring and treated people with dignity and respect. People were involved in the planning of their care and were offered choices in how they wished their needs to be met. People received person centred care and support which promoted their health and wellbeing and enhanced their quality of life. People were aware of how to make a complaint and felt able to raise concerns if something was not right. We found the service was well maintained, clean, tidy, and homely.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people health, safety, and well-being were not being effective assessed, managed or mitigated.

Some improvements were needed to the recruitment processes to ensure people were kept safe.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived at the service.

People were protected from the risk of abuse, as staff understood the signs of abuse and how to report concerns.

There were sufficient numbers of skilled and experienced staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

Some improvements were needed to ensure staff had the necessary skills and knowledge to meet people's assessed needs in safe way.

The provider did not have a system in place for ensuring staff received supervision, support, or professional development.

People's consent was sought before any care or support was provided. The requirements of the Mental Capacity Act 2005 (MCA) were being met.

People's health care needs were monitored and referrals made when necessary.

People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

Staff displayed caring attitudes towards people and spoke about people with affection and respect.

People's privacy and dignity were respected and their independence was promoted.

People were involved in the planning of their care and were offered choices in how they wished their needs to be met.

Is the service responsive?

Good

The service was responsive.

People's assessments and care plans were personalised with their individual preferences and wishes taken into account.

Staff were responsive to people's individual needs and these were regularly reviewed.

People had information to enable them to raise any complaints or concerns they had about the service. People felt these would be dealt with in a timely way.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had not notified the CQC of incidents at the service as required by law.

The provider did not have an effective quality assurance system in place to assess and monitor the quality and safety of care and services provided.

Records were not always well maintained.

There was an open, transparent culture and staff felt supported by the services management team.

People were supported by staff who were happy in their work and felt valued.

Granvue

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 12, 14 & 15 December 2017. We gave the provider 24 hours' notice because it was a small service and people may have been out. One adult social care inspector carried out the inspection. Prior to the inspection, we reviewed the information held by us about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Granvue is a short stay mental health service offering care and support for up to eight people with mental health needs. Granvue allocated three of these beds to people who are in urgent mental health crisis; due to difficulties in their lives, which are affecting their mental well-being. People are referred to the service through the local NHS crisis team. Granvue offers support to people for a short, planned admission period of usually seven to fourteen days, providing a safe and supportive environment to enable people to take control of their own recovery with the support of external professionals. At the time of the inspection, two people were using the service.

During our inspection, we spoke with one person who lived at the service, five members of staff, three senior managers, and the clinical governance lead for the service. The other person living at the service was given the opportunity to talk with us but declined. Following the inspection, we contacted three health and social care professionals who had been involved in supporting people and providing guidance for staff. We looked around the service and observed how staff interacted with people throughout the inspection. We looked at the care records of two people currently living at the service and one person who had stayed at the service recently, as well as a range of records relating to the running of the service. These included five staff recruitment, training and supervision files, medicine records, and quality monitoring.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe. We identified concerns in relation to the understanding and management of risk and staff recruitment.

People were not always protected from the risk of avoidable harm as risks to people's health, safety and wellbeing were not always understood by staff or managed safely. The information given to us by the provider in the "provider information return" stated, "Before admission, each person has an individualised contract which details how they will work with staff to keep themselves safe during their stay. All service users have risk assessments and care plans to ensure a person-centred approach." Staff told us they completed a telephone risk assessment prior to people coming to live at Granvue as people were triaged for admission by the mental health professional involved in their care; who retained medical responsibility during people's admission.

We found risks such as those associated with people's complex mental health, medical needs or environment had not always been assessed or managed safely. Where risks had been identified guidance had not been provided to staff to mitigate these risks. For example, risk assessments undertaken by staff for one person who had recently been admitted to the service contained a statement of their presenting condition and reason for the placement. This did not effectively identify any of the risks associated with providing care and support to this person. Following their admission to Granvue staff had been provided with detailed information about the person's past and present medical history as well as any risks associated with providing this care and support by the community mental health team. Records we saw did not contain evidence to demonstrate staff had used this information to review or update this person's risk assessment or provide additional guidance for staff to keep this person safe during their stay.

The 'verbal risk assessment' for another person who had been admitted to the service in August 2017, identified "risky suicidal behaviour" as well as a current ligature risk. The risks associated with providing this person's care was rated as 'low'. Records we saw did not provide guidance for staff on how to manage or mitigate these risks. Upon reviewing this person's care records, we found an escalation of risk over time in this person's behaviour. The service had contacted the local community mental health team who visited the person daily. However, staff at the service did not take sufficient action to manage the risks associated with this person's care. Staff had not reviewed or updated the person's risk assessment and the manager had not provided any additional guidance for staff to keep this person safe during their stay as their behaviour escalated. Following an incident in the grounds, which involved the use of a ligature the person was admitted to hospital.

We discussed what we had found with two senior managers who took immediate action. They suspended admissions to Granvue whilst they carried out a review of their admissions procedure, and implemented a new process to identify and manage ongoing risk.

Although systems were in place to identify and record accidents and incidents, there was no consistent system in place for analysing and identifying patterns to prevent a reoccurrence. For example, we reviewed a

sample of accident and incidents that had taken place at the service over the last couple of months. We found accident and incidents forms were not being fully completed, it was not possible to tell from the records how the service had used the information to learn from the incident and what action they had taken to prevent or reduce reoccurrence and drive improvement.

We discussed what we found with senior managers who were unable to tell us how this information had been used or what action had been taken as a result. Following the inspection we were sent a copy of services incident report breakdown for November 2017, however this did not provide any additional information as to the action that been taken by the service to address the concerns we identified during the inspection.

The provider failed to take sufficient action to ensure care and treatment was provided in a safe way, and that risks arising from people's care needs and environment were being mitigated or managed. This is a breach of regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

People were not always protected by safe recruitment procedures. We looked at the recruitment files for five staff. Staff confirmed Disclosure and Barring Service checks (DBS) checks had been applied for and obtained prior to commencing their employment with the service. However, we found three of the files we looked at did not contain details of each staff member's full employment history or the reasons for any gaps in their employment. One of the files we looked at did not contain details of their employment history, qualifications, skills, or any interview notes. This meant the provider could not be assured they had taken sufficient action to ensure staff were of good character. The failure to complete necessary checks before allowing staff to provide care, exposed people to unnecessary risk.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Granvue. One person said, "Yes I do feel safe within the boundaries of my own health, I'm safe here." Staff told us there were enough staff to care for people and keep them safe. During the inspection, we saw staff spending time with people in activities or conversation as well as accompanying people out of the service. This indicated there was sufficient staff on duty to support the people living at the service.

People received their medicines when they needed them and in a safe way. People's medicines were administered and disposed of appropriately and securely. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. Staff told us they had received training in the safe administration of medicines and records confirmed this. We checked the quantities of a sample of medicines against the records and found them to be correct. However, we found, medicine, which required additional controls, were not being stored in accordance with Misuse of Drugs Act 1971, and associated regulations. We discussed this with a senior manager who arranged to have one of the medicines cabinets properly secured in accordance with the above regulation.

People were protected from the risk of abuse. Staff attended safeguarding training to enhance their understanding of how to protect people. Staff told us what action they would take if they suspected a person was at risk of abuse and staff demonstrated they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected. Staff were aware of the service's policy on safeguarding and told us if they had any concerns they would report them to the

manager. They were confident the manager would take action to protect people should they identify someone was at risk.

People told us they were supported by staff to maintain the cleanliness their own rooms. We found the service was well maintained, clean, tidy and homely. Staff had received training in infection control and gloves were available for staff and people to use when appropriate. Equipment, such as the fire detection system, had been serviced regularly to ensure it remained in safe working order.

The service's health and safety manager carried out annual health and safety review of the service and produced an action plan, this recorded what action needed to take palace with timescales and was sent to the registered manager for follow up and record when the action had been completed. There were arrangements in place to deal with foreseeable emergencies. For example, there were emergency plans for fire, loss of heating, loss of electrics, and gas leakage and the evacuation of the building. Regular maintenance contracts were in place, for example, for the maintenance of fire equipment.

Requires Improvement

Is the service effective?

Our findings

People spoke positively about the staff, one person said, "I like it here, staff know how to support me, and I know them which gives me reassurance." However, we found there was not an effective system in place to ensure staff were provided with the necessary training and support to meet the needs of the people they supported.

We looked at the training, induction and supervision records for five staff. Records showed staff inductions, supervisions, and annual appraisals were poorly documented. Only one of the staff files we looked at contained any form of induction and none of the files we saw contained any evidence that staff had their competencies or skills assessed during their employment. Despite the service using agency staff there was no evidence that agency staff had received a formal, documented induction to the service.

Supervisions and appraisals are an opportunity for staff to discuss concerns, work performance and/or training and development needs. Staff told us they felt supported by the service and said the manager was always available should they need to speak with them. None of the records we saw contained sufficient evidence to demonstrate that staff were receiving regular supervision or annual appraisals in line with the service's policy and expectations. We spoke with the manager about this, who explained this had been due to changing roles. However, they had identified this was an area that needed improvement, and told us they were in the process of carrying out supervision with all staff.

Training records showed there were gaps in the staffs' core skills, as staff were not receiving regular training in supporting and enabling people in crisis, to manage their complex mental health needs which is specific to their role. For example, mental health awareness, reflective practice, recovery based approaches or managing conflict.

Failure to provide staff with the support, training, and supervision necessary for them to undertake their role is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did receive some support. They told us they completed an induction when they starting working at the service. This included a period of orientation at the service; time spent reviewing policies and procedures; shadowing colleagues who were more experienced, and developing their understanding of the support people required. A senior manager told us new staff completed the service's induction programme, and for those who were employed with no previous care experience, they would undertake the Care Certificate. The Care Certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support.

Records showed that staff had received training in variety of core subjects, which included managing challenging behaviour, health, and safety, safeguarding adults and children, infection control, manual handling, food hygiene, first aid, equality and diversity and mental capacity. Staff said they received "lots of training" which included face-to-face training and eLearning (on- line).

People receiving a service from Granvue had needs relating to their mental health, which might affect their ability to make decisions about their care and support. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who lack the mental capacity to do this for themselves. The Act requires, as far as possible, people make their own decisions and are helped to do so when this needed. When they lack capacity to take particular decisions, any made on their behalf must be made in their best interest and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA and found that people's rights were being protected. People had signed to say they consented to the care arrangements in place. Staff were aware of when people, who lacked capacity, could be supported to make everyday decisions and when people's capacity fluctuated due to their mental health. At the time of the inspection, there was no-one receiving support who was unable to make decisions about their care, or who was not being supported appropriately to make decisions about their care. The manager and staff we spoke with had a good awareness of the Mental Capacity Act 2005 (MCA).

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). We checked whether the service was working within the principles of the MCA. The manager was aware of their responsibilities to apply for Deprivation of Liberty Safeguards (DoLS) for people whose freedom had been restricted. At the time of our inspection, no one was being deprived of his or her liberty or were being detained at the service under the Mental Health Act. One person said, "I'm able to come and go as I please."

People were encouraged to engage with a range of healthcare services and staff supported people to attend appointments. People's recovery notes included details of their appointments and staff we spoke with knew people well and were knowledgeable regarding their healthcare needs. People's mental and physical health were monitored by staff and we saw that were concerns had been identified people were referred or reviewed by an appropriate healthcare professional. Staff told us and records confirmed that people had regular reviews with their recovery coordinators and community psychiatric nurses (CPN), they were able to refer people when needed, and they had good access to specialist support. Throughout the service, we saw contact information for local community resources, for example, Mind, local advocacy services as well as the numbers for the local NHS Crisis support team. One member of staff said, "signposting people is an important part of our role in supporting people on their onward journey to wellbeing." Healthcare professional we spoke with were positive about the service and were confident staff had the skills they needed to support people. One professional said, "Granvue is a good local service that supports people's mental health recovery, and prevents hospital admissions." Staff told us Granvue was a safe space were people could be supported in a relaxed homely environment.

People were supported with the planning, shopping and cooking of meals. We saw where people did not want to cook, because they were unwell, meals were provided. We asked people what they thought of the food provided by the service. One person said, "the food is ok and I am able to choose the things I like which is nice and one less thing to worry about." Staff knew people's food preferences and told us how they supported people to follow a healthy balanced diet. Where people had difficulties with eating, staff told us they had sought guidance and had taken steps to monitor and encourage person's food and fluid intake. People were able to help themselves freely to food and snacks throughout the day and we saw the kitchen was well stocked with tea, coffee, and soft drinks. Throughout the inspection, we heard staff offering choice during meal times, one member of staff said, "we always ask people what they want; you often end up cooking two or three choices." Meal times were an important part of the services therapeutic approach and a time where people could just sit and chat.

Good

Is the service caring?

Our findings

People told us they were happy living at the service, One person said, "I'm as happy as I can be, the staff are all very kind, caring and supportive." Healthcare professionals spoke positively about the care and support people received and told us how staff always put people first and had been instrumental in supporting people's recovery and preventing hospital admissions."

We saw thank you cards the service had received from people who had recently stayed at Granvue. People commented that staff were kind, caring and compassionate. One person wrote, "All the staff are lovely and so supportive, thank you for being there and thank you for all your support I feel much better and ready to go back to my life." Another person wrote, "Thank you for all you did for me at Granvue not one of you could have been more friendly and considerate it has been difficult to return to my life here, but knowing how lovely people can be has been a real help, thank you for taking the pressure off."

There was a relaxed and friendly atmosphere within the service. When we asked staff to tell us about the people they had supported, they spoke fondly about people and with kindness and compassion. They were able to describe people's needs and preferences well. There was warmth between staff and people they supported and throughout the inspections; we saw some very kind, calm and positive interactions between staff and people. Staff told us how much they enjoyed working at the service. Comments included "it's a really good place to work", "I have never worked in such a caring environment" and "It feels like a home." One staff member said, "everyone who works here cares about the people we support and wants what's best for them."

People told us they were involved in planning their care and were encouraged to take control for their recovery. People said they were asked about their needs and whether they were happy about the way in which staff supported them. Staff empowered people to manage their own recovery and told us of the importance of being able to build trusting relationships quickly as people only stayed at Granvue for a short period of time. People told us staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms. When staff needed to speak with people about sensitive issues this was done in a way that protected their dignity and confidentiality. We saw staff valued and respected people's personal and private information as people's health care records were kept safely and securely.

People told us they were free to live their lives as they wished and were supported to be as independent as possible. People were free to choose how and where they spent their day. For example, some people chose to stay in their rooms rather than the communal areas and others went out for a coffee or a walk. One staff member said, "We try to make this a comfortable, safe space where people can relax and take the time the need to manage their recovery at their own pace."

People said their views were respected and staff we spoke with understood people's needs and were able to spend one to one time with the people they supported. People were encouraged and supported to maintain contact with their relatives and others who were important to them. We saw people had access to advocacy

support if needed and advocacy details were displayed throughout the service so that people had contact details should they need them.

Good

Is the service responsive?

Our findings

People were assessed and referred to the service by the community mental health team. Staff completed a telephone assessment which enabled staff to consider any risks, allowed staff to considered the current mix of people living at the house and helped ensure the service was able to meet their individual needs, prior to accepting the admission.

People told us they had been made fully aware of what they could expect from the service and what their rights were prior to moving in. One person told us that they had been fully involved in their admission and had previously stayed at the service. People were provided with a copy of the services 'Welcome and Information Pack' upon their arrival. This provided detailed information regarding what people could expect from the service and what their rights were and enabled and supported people to make an informed choice about the support that Granvue was able to offer.

People told us they had been involved in identifying their needs and developing the support provided. This meant that people had choice in how their care was delivered and received care and support that was personalised. People's care plans contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how the individual wished to receive their care. Each person had in place, a short-term recovery plan and an individualised placement agreement, which was reviewed as his or her needs changed. It was clear that people were receiving individualised support tailored to their needs. Care records and assessment provided by the community mental health and social care teams detailed their reasons for admission, their previous risks, and the particular areas each person required support with during their short stay for example housing needs or support with their medicine.

Staff we spoke with had a good understanding of people's individual needs and were skilled in delivering care and support. Staff gave us examples of how they had provided support to meet the diverse needs of people living at the service including those related to disability, gender, ethnicity, faith and sexual orientation. Each person's support plan contained important information about people who mattered to them as well as information about people's backgrounds and histories. This gave staff the opportunity to understand a person's past and how it could influence who they were today and support people to maintain their personal relationships.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. During the inspection, staff told us how they supported one person with a home visit in preparation for their return home. People were supported to transition (return home or to another service) at the end of their short stay. We saw people's support plans contained detailed discharge plans that empowered and supported people to take control over recovery, build strong support networks and sign posted people to local community resources.

The manager was aware of the Accessible Information Standard and told us that people's communication needs were clearly recorded as part of the service's assessment process. This information would then be

used to develop communication plans, which would indicate people's strengths, as well as areas where they needed support. This approach helped to ensure people's communication needs were met. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment, or sensory loss. All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017.

People were aware of how to make a complaint, and felt able to raise concerns if something was not right. One person said they would speak to the manager or staff if they were unhappy. The service's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated, and responded to. None of the people or staff we spoke with had needed to make a complaint, but felt confident the manager would take immediate action to address any concerns they might have.

Requires Improvement

Is the service well-led?

Our findings

Some aspects of the service were not well led. We looked at the service's quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality and safety of the services provided at Granvue. We found the provider used a variety of systems to monitor the service. These included a range of meetings, audits, and spot checks, for instance checks of the environment, care records, medicines, nutrition, infection control, health & safety, and accident and incidents.

Although some systems were working well, others had not been effective, as they had not identified the concerns we found during this inspection. For example, the service did not have an effective system in place to assess or monitor staff competence and skills to carry out the role required of them. The lack of supervision and specific training meant the service could not be assured that staff had the necessary skills and knowledge to meet people's assessed needs in safe way.

Although, the provider had a recruitment procedure and policy in place, the quality assurance systems had not identified where checks had not been completed. This meant they did not have a robust system in place to ensure all staff recruited were safe to work with people who were vulnerable due to their circumstances.

People may not always be protected from the risk of avoidable harm as care plan reviews and audits had not identified risks such as those associated with people's complex mental health, medical needs or environment had not always been identified or managed safely.

Failure to ensure systems were effective in assessing, monitoring and improving the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not always notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. This included any incidents, which are reported to or investigated by the police, and any injury to a service user, which required treatment by another healthcare professional.

Failure to notify CQC of significant events at the service is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4).

Granvue had a registered manager, however at the time the inspection they were on a period of planned leave. An interim manager had recently been appointed by the provider to oversee the service in the registered managers' absence. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, staff and healthcare professionals told us the service was well managed, and described the management team as open, honest and approachable. One person said, "The manager is really nice and I

can talk to her about anything". Staff were positive about the support they received and told us they felt supported and valued by the interim manager.

There was a positive culture within the service. The manager had clear visions and values about how they wished the service to be provided and these values were shared by the whole staff team. Staff talked about personalised care, promoting independence and empowering people to take control of their own recovery with a supportive and safe environment. Staff spoke with enthusiasm about their work and the people they supported and were proud of people's achievements.

Staff told us the interim manager took an active 'hands on' role within the running of the service and had good knowledge of the staff and people they were supporting. The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the appropriate level made decisions about the day-to-day running of the service. Staff knew who they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty, through handover meetings and regular staff meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Specialist support and advice was sought from external health and social care professionals when needed

The service had systems in place to actively encourage and support people to share their views. People were encouraged to complete feedback forms prior to their discharge; this enabled them to share their views and experiences of the care they received. We reviewed a sample of the feedback people had provided and we found this was positive.

The interim manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The manager told us they kept updated about changes in practice via the internet and email correspondence sent out by the local authority and the Care Quality Commission.

Records were stored securely, when we asked to see any records, staff were able to locate them promptly.

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 The provider failed to take sufficient action to ensure care and treatment was provided in a safe way, and that identified risks were being mitigated or managed. Regulation 12 (1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not ensuring people were protected by having systems and processes to effectively assess monitor and improve the quality and safety of the services provided. Regulation 17 (1)(2)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not have robust recruitment procedures in place to ensure people employed were of good character. Regulation 19 (1)(a) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that persons

employed by the service had receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18 (2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified the CQC of significant events in line with their legal responsibilities. Regulation 18 (2)

The enforcement action we took:

We issued a Fixed Penalty Notice