

Kingston Farmhouse Carehome Limited

Kingston Farmhouse Care Home

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:

Kingston Farmhouse Care Home 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. Kingston Farmhouse is registered to provide accommodation and personal care for up to nine people and predominantly supports people living with a learning disability. At the time of the inspection there were nine people living at the service.

Best practice guidelines recommend supporting people living with a learning disability in settings that accommodate less than six people. Kingston Farmhouse supports up to nine people, therefore the service model was not fully aligned to the principles set out in Registering the Right Support. However, the outcomes for people using the service reflected the principles and values of Registering the Right Support including; choice, promotion of independence and inclusion. People's support was focused on them having as many opportunities as possible, to have new experiences and to maintain their skills and independence.

People's experience of using this service:

- People told us they enjoyed living at Kingston Farmhouse Care Home. They said they felt safe and cared for by kind and compassionate staff.
- People's family members could not praise the service enough and all spoke highly of the care their relatives received and the choice and control they had over their lives.
- Although we found some area of improvements since the last inspection, we found some areas of practice had not improved and had the potential to place people at risk.
- People were not always protected from the risk of abuse. Where incidents had occurred that placed people at risk of harm, actions had not been taken to mitigate risks. Appropriate risk assessments had not always been implemented where required and incidents had not always been monitored to help identify patterns of behaviour. Incidents of abuse had not been reported by the registered manager or staff to relevant parties, such as the local safeguarding team or CQC.
- Governance systems used to assess the quality and safety of the service did not always identify concerns and drive improvement. Information to keep people safe in an emergency or identify their needs was not easily accessible due to the extensive information held within people's care files.
- People received their medicines safely and as prescribed, while being looked after in a clean and well-maintained environment aimed to promote independence and meet people's needs.
- People received compassionate support which met their needs from kind and caring staff. People had developed meaningful relationships with the staff. Staff knew what was important to people and ensured people had support that met their needs and choices.
- People's dignity and privacy were respected and their independence was promoted.
- People's rights to make their own decisions were respected. Staff supported people to make choices in line with legislation.
- People were supported to participate in a range of activities of their choice.
- People and family members knew how to complain and were confident that if they raised concerns, the

registered manager would act promptly to address these.

- People and staff were fully engaged in the running of the service.

Rating at last inspection:

The service was last inspected in December 2017 where we undertook a full comprehensive inspection (report published February 2018). It was awarded a rating of Requires Improvement.

Why we inspected:

This was a planned inspection based on the previous inspection rating.

Follow up:

We found one repeated breach of regulation and two new breaches of regulation. The service also remained rated as requires improvement. We will request an action plan from the registered provider about how they plan to improve the rating to good and meet the requirements of the regulations. In addition, we will meet with the provider to discuss their plans to make improvements. We will also continue to monitor all information received about the service to monitor any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

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 ●

Kingston Farmhouse Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted over two days. Day one was completed by two inspectors. Day two was completed by one inspector.

Service and service type:

Kingston Farmhouse Care Home is registered to provide accommodation and personal care for up to nine people. At the time of the inspection nine people were living at the home. 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 did not give notice of our inspection.

What we did:

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we gathered information from:

- Three people using the service.
- Four people's care records.
- The registered manager.
- Three members of care staff.
- Records of accidents, incidents and complaints.
- Audits and quality assurance reports.
- Records of recruitment, training and supervision.

Following the inspection, we gathered information from:

- Four relatives of people using the service.
- One external healthcare professional.
- Four social care professionals.

Is the service safe?

Our findings

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

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.

Systems and processes to safeguard people from the risk of abuse and assessing risk:

- There were appropriate policies in place to protect people from the risk of abuse. However, we found these were not always followed. For example, one person demonstrated behaviours which placed themselves and others at risk of harm. Although the registered manager and staff had attempted to establish the root cause of these behaviours, they had not considered the impact of these on the other people living at the home or that these behaviours placed the person themselves at risk of harm. A risk assessment in relation to these behaviours, which should include actions to take to prevent occurrence and how to keep the person and others safe had not been completed. A robust incident monitoring record had not been completed to help identify patterns of behaviour and detailed information about behaviours was not recorded robustly. Furthermore, on the first day of the inspection the inspectors observed an incident between two people. On reviewing one of these people's care records on day two of the inspection this incident had not been recorded in detail within their care record. Additionally, the incidents of abuse had not been reported by the registered manager or staff to relevant parties, such as the local safeguarding team or CQC.
- All the above was discussed in detail with the registered manager on day two of the inspection. The registered manager informed us that due to the person's increased behaviours over the last two months a behaviour incident form was due to be put in place on day one of the inspection, however due to the inspection this had been delayed. This was however, put in place on day two of the inspection. Additionally, on day two of the inspection the registered manager had referred the concerns of abuse to the local safeguarding team and issued CQC with a 'Notification' in relation to the issues raised. Notifications are information about specific important events the service is legally required to send to us. The registered manager also contacted relevant healthcare professionals to update them on the increase in behaviours and to request guidance and support to help ensure that people remained safe.
- Staff had received training in safeguarding adults and were able to describe what constituted abuse and actions they would take if they suspected abuse. However, we found this was not always effective, as staff had not acted in relation to the concerns found during the inspection.

The failure to safeguard people from abuse and improper treatment is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- With the exceptions of risks in respect of people's behaviours, the risks to people were assessed and recorded in their care plans. Risk assessments in place included, health and medicine; seizures in different environments; falls, mobility, cooking and risk of constipation.
- Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks.

Safety monitoring and management:

- The environment and equipment was safe and well maintained.
- Risks from the environment had been assessed through the use of audits which were robust and identified where actions were required.
- People were fully involved in the completion of fire drills and staff had received fire training. However, we found personal emergency evacuation plans (PEEPs) were not clearly accessible each person. PEEPs are used to identify what assistance each person would need to safely leave the building, in the event of an emergency. This was discussed with the registered manager on day one of the inspection. The registered manager told us that this information was in each person's care record, although due to the extensive information held in people's care files this would not be an effective system in an emergency. By day two of the inspection clear, detailed and easily accessible PEEPs were in place for all people.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.
- Staff had a verbal handover at the start of each shift, which informed them of any important information they needed to meet people's needs. For example, information in relation to people's health, any professional visits, social needs and psychological health was handed over. This meant that staff were fully up to date with essential information.

Staffing and recruitment:

- There were sufficient numbers of staff available to meet people's needs. A staff member said, "We have time to spend with people." A family member told us, "There is plenty of staff at Kingston."
- The registered manager told us that staffing levels were based on the needs of people living at the home.
- We observed that people were given the time they required and were not rushed by staff.
- The registered manager told us that short term staff absences were covered by existing staff members and a regular team of bank staff. This meant that people continued to be supported by staff they knew.
- Recruitment procedures were robust to help ensure only suitable staff were employed.
- People were fully involved in the recruitment process. For example, they were given the opportunity to meet potential new staff and their views were considered before employment was confirmed.

Using medicines safely:

- Robust arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely and in accordance with best practice guidance.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- Medicines administration records confirmed that people had received their medicines as prescribed.
- Clear information was available to staff about how people preferred to receive their medicines; what the medicines were for; side effects of medicines and actions that should be taken if a person experienced any adverse conditions.

Preventing and controlling infection:

- The home was clean and well maintained.
- A cleaner was employed and staff completed regular cleaning tasks in accordance with set schedules.
- Staff had been trained in infection control.
- Staff had access to personal protective equipment, including disposable gloves and aprons, and used these whenever needed.

Learning lessons when things go wrong:

- Where an accident had occurred, resulting in injury to a person, the registered manager had a system in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- Staff were informed of any accidents and these were discussed and analysed during handovers between

shifts and at staff meetings.

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

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:

- People's needs were assessed prior to the commencement of the service to ensure their needs could be met. The initial assessment included people's physical, social and cultural needs.
- Assessments and care plans in place identified people's needs and the choices they had made about the care and support they received. People and family members, if appropriate, were involved in the assessment process.
- With the exception of safeguarding (see the safe section for further information), staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience:

- Staff received an induction into their role, which included essential training. New staff worked alongside more experienced staff until they felt confident and were competent to work directly with people.
- People were confident in the staff's abilities.
- The registered manager said that the system in place to monitor staff training developed throughout the year. The registered manager was also able to demonstrate that staff training needs were discussed with staff during their one to one sessions of supervision.
- Staff told us they received effective training which helped them to provide appropriate care to people and understand their needs. A staff member said, "We get lots of training, it's always very good." Another staff member told us, "I'm doing autism training at the moment, it's really interesting."
- Training staff had completed included; infection control; medicines management and food safety. Staff were also provided with additional training that was specific to people's individual needs, such as autism and dementia.
- Staff told us they were well supported in their roles and that they received monthly one to one sessions of supervision with the registered manager. Staff records confirmed that one to one sessions of supervision were robust and highlighted that staff care practices and development opportunities were discussed. A staff member said, "We are definitely well supported by the manager, I get supervision once a month and an appraisal every year. We set goals and talk about everything."

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

- People were fully involved in the planning of menus and were provided with the opportunity to discuss this on a weekly basis.
- People were provided with enough to eat and drink. A staff member said, "There is enough food for people and they get plenty of choice." A person told us, "We always choose what we want, I go for stir fry a lot."
- Staff were clearly aware of people's dietary requirements, likes and dislikes, which were included in their

care plans.

- Where people had changing health needs, their food and fluid intake was monitored. For example, one person had a reduced appetite and had lost weight. Their food intake and weight was closely monitored, changes were made to the person's meal time arrangements; the person's dental needs had been considered and healthcare professional input had been requested. These actions had resulted in an increase in food intake and weight gain.
- Staff encouraged people to make healthy food choices to help them maintain optimal health.

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

- Records showed that staff sought support from external health and social care professionals, when needed for people. Care records confirmed people were regularly seen by doctors, specialist nurses, dentists and chiropodists.
- A healthcare professional told us that the staff contacted them appropriately and in a timely way and followed advice given.
- Kingston Farmhouse had an effective policy for transferring people between services.
- The registered manager told us that should a person need to attend hospital, then a staff member would accompany them and remain until the person was either discharged or settled on a ward.
- Information about personal and health needs was included within a communication passport, which could go with the person to hospital, to help hospital staff meet the person's needs consistently.

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.

- Staff were knowledgeable about how to protect people's human rights. Staff described how they sought verbal consent from people before providing care and support. A staff member told us, "I always give people a choice and ask them what they want to do."
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 found that they were.

- At the time of our inspection we found that applications for DoLS had been submitted to the appropriate authorities and approved where required.

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

- The environment had been designed and adapted to promote people's safety, independence and social inclusion.
- People and their family members described Kingston Farmhouse Care Home as being a family home. One family member said that Kingston Farmhouse was, "just like a family home." Another family member said, "Kingston is the best thing that has happened to [name of relative], it's a real home and everyone all get on well and looks out for each other."
- The service was small and homely and people could move around freely.

- People had their own private bedrooms; most with en-suite showering facilities and there was a communal lounge, dining room, and kitchen so that people could choose to socialise or to spend time in the privacy of their own room.
- People had been involved in choosing the décor of the home and of their own bedrooms, and this met their preferences.
- People had access to a well-maintained garden which they clearly enjoyed spending time in.
- People and staff at the home used technology to aid communication, maintain family relationships and share information about the service. For example, people accessed a private social media page for the home.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they liked living at Kingston Farmhouse Care Home and we saw they were supported by staff who knew them well and treated them with kindness and compassion. People's comments included, "I love it here", "Kingston is my home" and "The staff are brilliant." Family member's also spoke very positively about the care their relatives received. Comments included, "The staff, they are caring and respectful" and "I was so relieved to be lucky enough to find Kingston Farmhouse, where [person] is loved and cared for. I wish you could clone [name of registered manager] and their caring staff so all the rest of these vulnerable adults could be as lucky."
- A healthcare professional told us, "The staff appear to be very caring towards the residents."
- A social care professional said, "I witnessed staff speak calmly and respectfully to people and provide reassurance when a person became agitated" when they recently visited.
- Staff had built supportive relationships with people and were committed to providing them with a positive experience of care. A staff member said, "We support our clients, I like to help them to learn new skills to become more independent." Another staff member told us, "The clients are all brilliant, really nice."
- Staff supported people to have fulfilled lives including maintaining relationships with others. The people living at Kingston Farmhouse Care Home had developed supportive friendships with each other. One person said, "I like the people who live here." Another person told us, "[Name of person] is my friend."
- People had keyworkers who were key members of staff that were allocated to provide additional support to one person. Their role included supporting the person to maintain contact with family members and friends and to access activities that the individual person may enjoy. One person told us, "I have a key worker and sometimes we go food shopping, I really like that." They added, "My keyworker helps me out if I need anything, if someone has upset me they look after us."
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. For example, we saw that people's religious beliefs had been considered and people would be supported to maintain their faith if required.

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

- People were fully involved and supported to make decisions about their care. People's comments included, "I go out with staff and can choose what I want to do" and "We have what we call a 'team chat' every Sunday evening. We talk about what we want to do."
- Information recorded in people's care plans demonstrated that they had been involved in making decisions about their care. For example, a section of a person's care plan stated, "'I like to have my bedroom door open a little and the landing light on at night' and 'I like to go to bed between 9 and 9.30.'"
- Feedback received from a social care professional stated, 'Staff have a good knowledge of (individual person's) needs and therefore are able to provide personalised and caring support for them. Staff explained

that they offer this person choices in such a way that they can be sure the decision is their own and not influenced by other residents. Pictorial choices assist with decision making for this person too.'

- Throughout the inspection, we heard people being offered choices about all aspects of their lives; including how they wanted to spend their time, where they wanted to eat their meals and what activities they wanted to partake in. People's decisions and choices were respected by staff.

Respecting and promoting people's privacy, dignity and independence:

- The service had been developed and was in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.
- Staff treated people with dignity and respect and provided support in an individualised way.
- People were supported to be as independent as possible. A person said, "I do my laundry and clean and tidy my bedroom. Staff ask if you want any help."
- A family member told us, "Her life has been changed by the quality of care she has received. She is very much more independent, she has truly blossomed under their care."
- People's care plan provided information for staff about what people could do for themselves and where additional support may be required. For example, one stated, 'I like to shave everyday but staff need to support me and tell me what bits I have missed.' Another care plan read, 'I need step by step instructions on how to brush my teeth.'
- Staff respected people's right to privacy. A staff member told us they would, "close curtains or blinds" when supporting people with personal care.
- Staff recognised when people wanted to spend time on their own and always knocked before entering their rooms.
- The registered manager ensured people's confidentiality was respected. People's care records and personal information was stored in locked cupboards and were only accessible to staff who had the authority to see them.

Is the service responsive?

Our findings

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff knew people well and had a good understanding of their needs.
- Feedback received from family members all praised the personalised approach to the care provided by the staff and the opportunities for their relatives to be fully in control of their lives. Comments included, "My [relative] now has a life of her own and I thank Kingston Farmhouse for that" and "The residents are consulted of every aspect of their care at the farmhouse they have input on all matters from diet to holidays and day trips."
- People were supported to live their lives in accordance with their own choices. Care plans were detailed, person centred and people and their families, where relevant, were involved in reviews of their care and support.
- People's likes, dislikes and what was important to them were recorded. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People were provided with opportunities to participate in a range of activities of their choice. A weekly 'tea and chat' meeting was held which gave people to opportunity to discuss activities they wanted to participate in for the upcoming week.
- Activities included; yoga, walks, outings and arts and crafts. One person told us, "On Tuesdays we have cooked lunch as we all go drumming. It's for the carnival, steel drums. Most of us go; we love it." Another person had been supported to get a local part time job, which gave them a sense of purpose.

Improving care quality in response to complaints or concerns:

- A complaints policy in place which was understood by staff.
- No formal complaints had been received since the previous inspection. However, the registered manager described how they would record and investigate any complaints. This would involve providing a written response to the person making the complaint.
- The registered manager said, "We are not scared of complaints; we learn from them."
- People and their family members were confident that if they raised a complaint action would be taken.
- People told us if they had a concern they could speak to staff. One person said, "I would tell a member of staff if I had a problem."
- People were asked about their views in group and individual meetings and care plan reviews. Staff were aware of the signs they would look out for to alert them to any dissatisfaction people may have.

End of life care and support:

- At the time of the inspection, no one living at Kingston Farmhouse Care Home was receiving end of life care. Staff had received training in end of life care and advanced care planning.
- The registered manager provided us with assurances that people would be supported to receive good end of life care and be supported to help ensure a comfortable, dignified and pain-free death. Furthermore, they told us they would work closely with relevant healthcare 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At our last inspection in December 2017, we found there were ineffective systems in place to assess, monitor and improve the quality and safety of service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.
- At this inspection whilst some systems had been implemented to drive improvement, other concerns were identified in relation to ensuring people's safety and driving improvement. Therefore, resulting in a continued breach of this regulation.
- For example, one person had displayed incidents of physical aggression towards people living at the home and staff. However, these had not been robustly recorded or monitored to establish any trends or possible triggers to these behaviours. No clear guidance was in place to staff to inform them of how mitigate or manage these behaviours and keep the person and other people safe.
- Information to keep people safe in an emergency or identify their needs was not easily accessible due to the extensive information held within people's care files. For example, on two occasions the registered manager was unable to find important information within people's care records when requested by the inspector.

The continued failure to operate effective governance systems was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Before the inspection CQC had received two notifications from the service in relation to injury to people following accidents. However, the registered manager had failed to send CQC any notifications in relation to the incidents of physical abuse that had occurred or other notifications they were legally required to send us.
- Following the inspection information in relation to these incidents and appropriate notifications were received from the registered manager.

The failure to notify CQC of incidents is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Up to date policies were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, whistleblowing, complaints and infection control.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility:

- There was a clear management structure in place, consisting of the provider, the registered manager and senior support worker.
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver support that met the needs of individual people.
- People were happy with the way their care was delivered and spoke positively about the registered manager. People's comments included, "She's [registered manager] lovely I can talk to her" and "The manager is a very nice person."
- The registered manager and staff demonstrated a commitment to providing person-centred, high-quality care by engaging with everyone using the service and stakeholders. Staff understanding of people's needs and the commitment shown to treat people in a person-centred way was praised by health and social care professionals and family members.
- Family members were highly positive about the running of the home and were very satisfied with the care provided to their relatives. Comments included, "The staff are caring, well trained and well led, I cannot praise the members of staff and management enough for all they do for all the residents; all are treated as members of a very happy family", "I have nothing but praise to give you. Kingston Farmhouse is very well led. [Name of registered manager] is very approachable and if I have any problems that affect my [relative], I have no hesitation in contacting the manager to discuss" and "I was particularly impressed with the manager who was very welcoming and my [relative] is clearly very fond of her."
- Staff were positive about the running of the service and also spoke highly of the registered manager. Comments included, "We are very well supported by the manager; we can talk about anything", "I would recommend the home to work at, I wouldn't want to be anywhere else" and "I love working here, it's best job ever. It's well run and the manager and senior support worker are brilliant."
- Health and social care professionals were also positive about the running of the home. Comments included, "The home is very well run" and "Kingston Farmhouse appears to be well managed and the residents I saw appeared actively engaged and happy."
- The previous performance rating was prominently displayed in the entrance of the home.
- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. This was discussed with the registered manager who was able to demonstrate that this was followed when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care:

- People and their families were given the opportunity to be fully involved in the running of the service.
- Family members felt included and involved in their relative's care; they told us that they were always informed of any changes in their relative's needs.
- The registered manager created opportunities for people to provide feedback. For example, people had regular reviews, during which they could provide feedback about the care and the service received. Weekly 'tea and chat' meetings were held for people who used the service and quality assurance questionnaires were sent to people, families, staff and professionals annually.
- The management team monitored all feedback received. For example, information from the latest quality assurance questionnaires was collated and action was taken where required.
- Where people had made suggestions or shared ideas about the running of the service, these were taken seriously by the registered manager, considered and if appropriate, acted upon.
- People's individual life choices and preferences were met. The registered manager was clear how they met people's human rights. For example, supporting people to attend religious services and supporting relationships.
- Staff were kept up to date through regular staff meetings; supervision and handover meetings between shifts.

Working in partnership with others and community involvement:

- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision. A health professional said, "The management and staff are responsive and keen to work collaboratively and proactively with us as a surgery e.g. in organising the annual learning disability health checks."
- Staff supported people to attend local community events and to access activities and support from external agencies.
- The service had links with other resources and organisations in the community to support people's preferences and meet their needs.

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 18 Registration Regulations 2009 Notifications of other incidents The provider failed to send CQC any notifications in relation to the incidents of physical abuse that had occurred or other notifications they were legally required to send us.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to safeguard people from abuse and improper treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to effectively assess, monitor and improve the quality and safety of services and operate effective governance systems.