Hestia Housing and Support

Talgarth Road

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

This inspection took place on 1, 2 and 10 February 2016. Talgarth Road is registered with the Care Quality Commission to provide care and accommodation for up to 10 people with mental health needs, and the service was at full occupancy at the time of the inspection. The building is an ordinary domestic property with three storeys and does not have a passenger lift. The bedrooms are designed for single occupancy and do not have en-suite facilities. There are communal sitting rooms, a dining room, bathrooms and shower rooms, and a garden at the rear of the house.

There was a registered manager in post, who had worked at the service for several years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous inspection in December 2014 we found two breaches of regulation and made one recommendation in relation to improvements the provider needed to implement. The breaches of regulation were in regards to the provider not ensuring people were protected from the risks associated with unsafe premises, and not ensuring people were protected from the risks of inadequate nutrition. A recommendation was made for the provider to find out more about how to involve people in fulfilling activities and community events. Following the inspection the provider sent us an action plan which highlighted the action they would take in order to improve. At this inspection we found the provider had met the breaches of regulation and achieved sustained improvements in regards to the recommendations.

At this inspection we found that people's care and support needs were not always met by sufficient numbers of staff at night time, in order to ensure people's safety. Following the inspection visit we received written confirmation from the provider that the night time staffing levels had been increased.

We noted that the provider had not informed the Care Quality Commission (CQC) of a serious incident within the service that impacted on the safety and wellbeing of people who used the service, as required by legislation. This meant CQC could not monitor the safety of people who used the service.

Staff understood how to identify and report any safeguarding concerns, and were aware of how to whistleblow about any issues of concern related to the running of the service. Risk assessments were conducted to ensure people were kept as safe as possible from potential harm.

People were supported by safely recruited staff, who had received appropriate training, guidance and supervision to carry out their roles and responsibilities. Staff understood people's individual needs and how to support people to meet their individual wishes and objectives. This included support to access health care, and community resources for leisure, sports and education.

People's dignity and privacy was promoted, and staff supported people to make meaningful choices. The

registered manager and the staff team sought people's consent before they provided care and support. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report upon our findings. DoLS are in place to protect people where they do not have the capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others. Staff demonstrated that they understood the legal requirements of MCA.

Systems were in place to enable people to actively involve themselves with the daily running of their home, including weekly meetings to plan activities and menus. People told us they liked the food and enjoyed participating in the preparation of meals.

People's needs were regularly assessed and kept under review. The care planning model used by the provider enabled people to monitor their own progress and contribute to the planning of new goals. People told us they had developed good relationships with staff and felt able to raise any concerns or complaints.

We noted that the provider had made significant improvements since the previous inspection visit in order to ensure that the service was properly managed. This included increased support for the registered manager and the staff team from the area manager and systems to regularly audit the quality of the service. This included questionnaires to seek and act on the views of people who used the service and their representatives.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009, in relation to the provider ensuring that there was sufficient staff and informing us of significant events in the service that impacted on the safety and wellbeing of people who used the service.

You can see what actions we asked the provider to take at the back of the main 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 consistently safe.

Although there was enough staff to meet people's needs during the day, there were insufficient staff to ensure people's safety at night-time.

Staff were safely recruited and understood how to protect people from abuse.

Individual risks to people's safety and wellbeing were identified and addressed.

The maintenance of the premises had improved, however some areas required more intensive cleaning.

Medicines were safely managed.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support to ensure they had effective knowledge and skills to meet people's needs.

Staff understood their legal responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat healthily and get involved with menu planning and preparing meals.

People were assisted to access external health care appointments and were
supported by staff to follow health care guidance.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were kind and supportive.

Staff understood people's needs for privacy and compassionate support to promote their self-esteem.

People were provided with opportunities to express their views and seek independent advocacy.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were assessed and delivered in a person centred way.

Staff encouraged people to engage in activities they enjoyed, at home and in the community.

People knew how to raise any concerns and complaints, and were confident that the provider would respond in an open and supportive manner.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had not informed the Care Quality Commission of specific incidents that impacted on the safety and wellbeing of people who used the service.

People and relatives told us they had confidence in how the service was being managed.

Staff were enthusiastic about the way they were supported by the provider to meet people's needs in a person-centred way.

The provider had achieved noticeable improvements in relation to the quality of care and support provided. Audits and regular visits by the provider were in place to maintain the improvements achieved and continue to develop the quality of the service.

Talgarth Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1, 2 and 10 February 2016. The inspection was unannounced on the first day and we informed the provider that we would be returning on the second and third day. The inspection team consisted of two inspectors and a specialist professional advisor, with a background in mental health nursing.

We reviewed the information we held about the service before the inspection visit. This included the previous inspection report, which showed that the service had not met all of the regulations we inspected on 11 and 15 December 2014. Following the publication of the December 2014 inspection report, the provider sent us an Action Plan, which explained how they would address the two breaches of regulation within an agreed timescale. We also checked any notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required to send to us by law.

During the inspection we spoke with four people who used the service, three support staff, two senior support staff, a visiting social activity tutor, the registered manager and the area manager. Following the inspection visit, we spoke by telephone with the relatives of three people who used the service. We observed the support and care provided to people in the communal areas and looked around the premises.

We read four care plans and the associated risk assessments. We also reviewed a variety of documents including medicine administration record (MAR) sheets, staff training and supervision records, policies and procedures, the complaints log, health and safety records and four staff recruitment files.

We contacted six health and social care professionals with knowledge of this service in order to find out their views about the quality of the care and support, and did not receive any comments.

Requires Improvement

Is the service safe?

Our findings

Two people told us they did not always feel protected against the risks associated with personal visitors to the service. One person told us, "I don't like people bringing strangers into the home who like alcohol" and another person said they had spoken with staff about encountering strangers in communal areas late at night or early in the morning. During the inspection people and staff reported their concerns to us regarding the conduct of a person who used the service who sometimes brought in between two and five visitors late at night. We were informed that these guests did not adhere to established protocols, for example signing in and out of the visitors' book and leaving the premises at agreed times. Staff informed us that there were occasions when the unauthorised guests stayed overnight and they were concerned for the safety of other people who used the service. One staff member told us, "[Person who uses the service] goes downstairs to the kitchen at night for a snack and is at risk due to these visitors." The unauthorised guests had been observed taking food that was provided for people who used the service.

People told us they thought there was sufficient staff rostered during the day to ensure they received appropriate care and support, but expressed concerns about night time staffing levels due to the presence of unauthorised visitors. We noted that there was only one member of staff on duty at night time who was on a waking duty until midnight. The shift then converted into an on-call sleeping-in duty until six o'clock in the morning.

We spoke with the registered manager and the area manager about this concern. Records showed that there had been prior documented discussions with the person in regards to how their conduct impacted on the safety of other people and staff. These discussions included written advice from the provider to state that the person's placement at the service could be withdrawn if they continued to disregard the provider's visitors' policy. Records to monitor this concern demonstrated that the situation had temporarily improved for a while but the issues of concern had arisen again a few weeks prior to the inspection which placed people and staff at risk.

This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we asked the provider to promptly make arrangements to protect people and staff, which was undertaken. The provider increased the night-time staffing so that two members of staff were at the premises. We have subsequently received written information from the provider to advise that the person who brought in unauthorised visitors was in the process of transferring to alternative accommodation and the increased night-time staffing would remain in place until they moved out.

At the previous inspection people told us they did not feel safe at the service at night-time as there was a problem with access to night staff, due to a door being locked on a staircase. Following the previous inspection we received written notice from the registered manager that this practice had ceased. During this inspection people confirmed that there were no problems with accessing support from night-time staff.

Staff were able to inform us how they would protect people from harm and explained how they would report any abuse they had witnessed or heard about, in accordance with the provider's safeguarding adults' policy and procedure. Records demonstrated that staff had received relevant safeguarding training and understood how to use the provider's whistle blowing policy if necessary, in order to report any concerns about how the service was managed. Staff told us they would initially raise any concerns within their employer but would contact external organisations such as the local safeguarding team, the Care Quality Commission or the police if they thought the provider was not responding appropriately to their concerns.

Care plans contained risk assessments, which were regularly reviewed and reflected changes identified at people's Care Planning Approach (CPA) meetings and other reviews. CPA is the system used to organise people's community mental health services, involving people, their representatives and health and social care professionals including psychiatrists, social workers, occupational therapists and nurses. The CPA meetings were also attended by staff from the service. The registered manager told us risk assessments were reviewed every three months or as and when a risk was identified. We looked at the risk assessments for four people who used the service. The assessments covered a broad range of issues including financial vulnerability, mental health and physical health. The risk assessments we looked demonstrated staff proactively sought to engage health and social care professionals to support people to manage risks, apart from one risk management plan which needed to be updated. This finding was discussed with the registered manager and an updated risk assessment was provided during the inspection.

Staff recruitment processes were thorough and ensured that staff had the appropriate skills and knowledge to work with the people who used the service. We looked at four recruitment files and noted that all of the required checks had been completed prior to appointment. This included at least two references, Disclosure and Barring Service (DBS) clearance, and checks to confirm an employee's identity and eligibility to work in the UK. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions.

We checked how the service supported people with their prescribed medicines and found that safe systems were in place. People came to the office to receive their medicines, however the registered manager told us they were looking into providing lockable medicine cabinets in people's rooms in order to offer a more personalised approach. Medicines were dispensed by two members of staff and the medicine administration record (MAR) charts demonstrated that two members of staff signed after people had taken their medicines. The MAR charts clearly stated if people were known to have any relevant allergies, which meant that this essential information was accessible to staff and external health care professionals. At the time of the inspection none of the people who used the service were managing their own medicines although staff were supporting some people to take on this responsibility in the future. This was in accordance with people's own plans for achieving more independence as part of their mental health recovery. People who were prescribed depot injections told us that they could choose to attend a clinic to receive their injections or opt for their community psychiatric nurse to visit them at home, which showed that people's preferences were sought and respected. The registered manager conducted audits to check that medicines were stored securely at the recommended temperature, MAR charts were properly completed and a written record of surplus medicines returned to the pharmacy was maintained.

At the previous inspection we found that although some communal areas and bedrooms were satisfactorily maintained, people were not consistently provided with a well-maintained, homely and comfortable environment. We had observed quite severe damp in several areas of the property and part of the flooring had been torn and/or removed to reveal the stone underneath, and cracked and blackened skirting boards showed damp. The damp extended upstairs to a bathroom which had severe damp on a window-sill with very cracked paint and wood work, and broken bath tiles. The registered manager had informed us that an

extensive refurbishment programme had been agreed by the housing association and a schedule had been drawn up for the planned work. At this inspection we found that necessary environmental improvements had been achieved, which provided people with a more welcoming and comfortable home. Parts of the premises had been redecorated and refurbished, and people told us they liked these positive changes.

The premises were tidy and predominantly clean, which showed that the provider had systems in place to enable people to benefit from a hygienically maintained environment. However, we observed that certain areas of the premises needed to be cleaned more thoroughly and monitored for cleanliness. For example, we saw finger marks on paintwork and bedroom doors, and dust was visible on skirting boards, blinds and fire extinguishers. The registered manager explained that cleaners were responsible for the cleanliness of the communal areas and staff were responsible for supporting people to clean their bedrooms, which included the front of the bedroom doors.

During a tour of the service we noted that a storage cupboard opposite a person's bedroom was left unlocked. The cupboard contained items that needed to be kept in a locked area, in accordance with COSHH (control of substances hazardous to health) legislation. We asked the registered manager to lock the cupboard, which was acted on immediately. We viewed records that evidenced the provider conducted a range of health and safety checks, including checks on people's rooms, fridge and freezer temperatures, gas safety, electrical installations and portable electrical appliances. This showed that methodical arrangements were in place to maintain the safety of the premises and equipment.

Good

Is the service effective?

Our findings

People and their relatives told us they were happy with how staff provided care and support. One person who used the service told us, "I like it that we are now doing more cooking with staff and learning new skills." Comments from relatives included, "The staff are wonderful, they do so much to encourage and motivate [my family member]" and "We meet the staff at the social events we are invited to and when we pop in to visit. They are friendly, dedicated people who understand the needs of [our family member]."

We spoke with staff about their training, one-to-one supervision and appraisals. Staff told us they could apply to attend training offered by the local authority and had access to e-learning courses commissioned by the provider. (This is electronic learning, using a computer to deliver part of or all of a course). The e-learning was described by staff as being "very comprehensive". We noted that the training package included mandatory training such as fire awareness and food hygiene, and other training to meet the specific needs of people who used the service, for example mental health awareness. Staff told us that they discussed their training needs once a month with their line manager during their one-to-one formal supervision meeting, and none of the staff we spoke with felt that they currently had any unmet training needs. Records showed that the one-to-one supervisions provided detailed opportunities for staff to discuss their work and professional development, and the annual appraisals enabled staff to review their achievements and set new professional objectives.

The registered manager told us that all new staff were being supported to undertake the Care Certificate, which is a 12 week comprehensive induction programme. The Care Certificate aims to equip staff with the knowledge and skills to provide safe, compassionate care.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of their liberty.

We found that staff had received appropriate training and guidance regarding MCA and DoLS. Staff informed us that there were no restrictions in place, people were free to come and go, and were issued with keys for their bedroom and the front door. A staff member told us, "There are no authorisations to restrict residents living here, however, we ask people to inform us when they going out and to let us know when they expect to be back, for safety reasons." We observed that staff worked in partnership with people and consistently sought their consent during day-to-day interactions. For example, one person refused to take their medicine at the prescribed time. Staff gave the person relevant information about the importance of taking the medicine at the prescribed time and gave the person an opportunity to reflect on the matter. Staff respected that the person could make an informed decision and understood that a missed dosage could impact on

their health and wellbeing.

At the previous inspection we found that people were not able to access healthy snacks at night-time and had limited access during the day time to food items such as cheese, ham and yoghurts, if they wanted to make a snack. Following the inspection we received written confirmation that suitable food was now available at all times. At this inspection we found that people could access healthy food items as required. The fridges and cupboards were viewed and we noted they were stocked with fresh fruit and vegetables including spinach, lettuce and cabbage.

We had also found at the previous inspection that people wanted to be more involved with cooking food, as they regarded this household task as a positive step towards becoming more independent. One person had told us it was a "treat" if they were supported by staff to cook. At this inspection we found that people were involved with preparing lunches and evening meals, and their participation was scheduled on a planned rota. We observed two cooking sessions and people told us it was a fulfilling, creative and enjoyable activity.

People informed us they were asked for their feedback during residents' meetings, and they were involved in the decisions about food choices and how to make improvements to the current menu. One person told us, "In resident's meetings we get to choose what we want to eat" and another person told us, "We decide at the meeting what we want on the menu." This showed that the provider engaged with people in order to provide a food service that met their needs and wishes.

Most people were happy with the food provided in the service. One person told us, "I like the food here, I eat brown rice and the staff always provide me with the food I want." However another person told us, "Staff need to put more green vegetables on the menu, they have haricot beans but they are hard and difficult for me to chew". We looked at the menus which reflected the different food choices available for people and included foods that people identified as part of their cultural needs and preferences. People were able to access the communal dining room when they wished and meals were eaten in the large dining room area. One person told us, "We don't have to eat in the dining room we can eat in our rooms if we want to, I have a fridge in mine."

People told us the staff supported them to maintain good health and have access to regular health care. One person said, "I see my doctor regularly and staff support me to appointments" and another person explained, "Staff ask me if I want them to attend any appointments I have." A relative told us that their family member was supported by staff to attend health care appointments and sometimes went to a café afterwards with the staff member, which was described as "a nice touch". We observed that people's health care needs were discussed during the daily handover meetings attended by staff and were documented in people's support plans. We spoke with staff about what actions they would take if they were concerned that a person appeared to be gaining excess weight. Staff showed us records to demonstrate that people's weight was checked and recorded every month and told us they would support the person to seek advice from their GP, with a view to a possible referral to the local dietitian service. We were told that following consultation with a GP in order to rule out any clinical factors that could lead to weight gain, people had been supported by staff to increase their activity levels and review their diet to ensure it was balanced and healthy. Discussions with staff indicated that there were positive working relationships with local health care professionals and staff did not have any concerns that people's health care needs were not being met by external providers.

Good

Is the service caring?

Our findings

People told us staff treated them kindly and were happy living in the service. One person told us, "I am very happy here, this is my home, staff talk to us if we feel down." Another person told us, "The staff are very helpful, and they listen and are kind to me." Comments from relatives included, "They are all such lovely women and men, they always do their best for the residents and are nice to the families" and "I think they are good-hearted people. [Staff member] in particular has treated [my family member] with such kindness." Staff were observed to be compassionate, friendly and respectful during their interactions with people.

People told us their privacy and dignity was respected in the service. One person told us, "Staff always knock on my door and ask my permission if they can come into my room." The person told us that their friends and relatives visited them at the service and they were supported by staff to make arrangements to visit family members. Staff told us that people were informed they could lock their bedroom door if they wished to, as a way of maintaining their privacy. We observed that staff always knocked on people's bedroom doors and only entered when permission was given. Issues regarding privacy and dignity were discussed at residents' meetings which meant that people had opportunities to consider mutually respectful ways of living together at the service.

People told us that they were encouraged to take an interest in their personal care, which was confirmed in support plans. One person told us they enjoyed pampering sessions at local hairdressing and beauty salons and was encouraged by staff to engage with activities that promoted their self-esteem and wellbeing. We saw that staff nurtured people's interests and aspirations. For example, staff explained to us that one person had a keen interest in a specific hobby and took private classes. During the inspection we observed a member of staff speak with the person about their hobby and praise their achievements. We noted that staff seemed motivated to engage with people and support them to meet their individual goals for independence, as stated in their support plans. Records showed that people had monthly meetings with their assigned member of staff, known as a key worker. One staff member said, "We work collaboratively with the residents so they are fully involved in decisions regarding their care. Staff are available daily to discuss all aspects of people's care." Discussions with people who used the service confirmed that they felt able to freely approach staff when they needed support and advice.

The minutes for the weekly in-house residents' meetings showed that people were actively involved in making decisions about the day to day running of the service. A range of topics were discussed during these meetings, such as preferred menus, the refurbishment programme for the premises, activities and entertainments. People told us they were provided with information about how to make a complaint and contact details for advocacy organisations, if they wanted independent support to use the provider's complaints procedure.

Good

Is the service responsive?

Our findings

At the previous inspection people gave us mixed information about how staff supported them to participate in activities and gain the skills they needed to become more independent. People had told us that recreational activities were limited. At this inspection we found that people were provided with opportunities and support to achieve greater autonomy, independence and involvement in the community, and they expressed positive views about how staff supported them to develop new skills and interests. An activities timetable was displayed in the communal areas which demonstrated the wide range of activities available for people to participate in. One person told us, "I like the walking groups, I go to the walking group on Wednesday in the parks and really enjoy this." Another person told us, "I have a cooking session on Friday. We asked for a badminton table game and this was arranged." A third person told us they were looking at college courses, with the encouragement of their key worker. Relatives confirmed that they were pleased with how the staff engaged with their family members and supported people to take part in meaningful pursuits.

People told us they like to read or watch television. We noted that people had access to large communal areas to watch television and a 'quiet room' where people could read and relax. We observed people seated comfortably in the garden area talking with staff and one person was supported by a staff member to access music on their computer.

The service used the Mental Health Recovery Star system as part of its care planning. This is a tool for supporting and measuring change for adults managing their mental health and recovering from mental illness. Care plans showed that staff worked with people to support them to set goals and educate their own progress. Care plans were held on the provider's computerised system known as Clients Case Management Software for Service Providers. However, people and their relatives were offered hard copy versions, in accordance with their wishes. People's care plans included an assessment of their needs and information about how to meet their identified needs. For example, care plans demonstrated that staff supported people with cooking and monitored people's progress. The care plans were detailed and regularly reviewed.

There was a key worker system in place. A key worker system means that people have an assigned member of staff to monitor their progress and support needs. This ensures there is a continuity of care for people who require support. A staff member told us about how they had responded to a person's changing needs, in their role as a key worker. The staff member explained that although a person who used the service was reluctant to follow guidance given by community health care professionals, they continued to liaise with the external professionals and provided the person with information about why it would be beneficial to follow the advice. This showed how the key worker system enabled people to form positive and supportive relationships with staff, to assist them to meet their social and health care needs.

People were provided with information about how to make a complaint within their service users' guide and there were complaints leaflets displayed on the communal notice board. People informed us that they knew how to make a complaint and felt confident that any complaints would be listened to and responded to in a

professional manner by the provider. One person told us, "I don't have any difficulties with a complaint. I know how to do this and staff are here to help me."

Requires Improvement

Is the service well-led?

Our findings

We found that the provider had not notified the Care Quality Commission (CQC) of a serious incident that took place at the service, which resulted in the provider calling for the police to attend the service. This meant the CQC could not effectively monitor events at the service in order to ensure people's safety.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People who used the service told us that it was a "warm and welcoming home", and that the registered manager and all the staff were approachable. One person said, "This service is effective and we are treated with respect." Comments from relatives were positive about how the service was managed and the culture at the home. One relative told us, "We can speak with the manager and staff when I ring or visit, this home is run with the best interests of the residents as its focus."

Staff told us they liked working at the service and felt supported to provide the care and support people needed. They informed us that the regular staff meetings provided a platform to express their views, which they felt were listened to by the management team. The minutes of the staff meetings showed that useful information for improving the quality of the service was discussed. One staff member said, "There is transparency in what we are trying to achieve, which is enabling and supporting people, and promoting independence. There is good team work and we support each other." Another staff member said, "I love working at Talgarth Road. I have worked at other services and find this place is well organised and supportive." Staff informed us that there had been significant positive changes since the previous inspection, which included the appointment of new staff with fresh perspectives.

We found that learning took place from incidents, accidents, complaints and other events. There were systems in place to analyse these events and identify any patterns or trends, with a view to reducing risks. The provider, the registered manager and senior staff carried out a range of audits to check that people received care and support of a good quality. One of the audits was carried out by a team that included a person who used a different service provided by Hestia, which showed that the provider was committed to creative approaches to monitor the quality of the service. The audits were detailed and the provider checked that recommended improvements were attained within the given timescales. We spoke with the area manager who told us they spent time at the service every week since their appointment last year. We observed that people knew the area manager well and readily approached them for informal chats. Satisfaction questionnaires were carried out in order to gather people's opinions about the service and the quality of support they received, and the responses we saw were 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 did not take formal enforcement action at this stage. 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 did not protect people who use the service by notifying the Care Quality Commission without delay about incidents reported to or investigated by the police. Regulation 18(2)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People who use services were not protected through the deployment of sufficient staff at night time. Regulation 18(1)