United Response

United Response - 14 Manor 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected United Response –14 Manor Road on 18, 22 September and 20 October 2017. We announced the inspection because of the small nature of the service we needed to ensure people would be available. At our last inspection in October 2015 the provider met all legal requirements and was rated Good overall.

United Response –14 Manor Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. United Response –14 Manor Road accommodates four people in one adapted building who had a learning disability and/or autism spectrum disorder with additional physical disabilities.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in post. 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. Following the inspection we were informed the registered manager had left the organisation. The provider has asked an experienced manager to oversee the service in the interim.

We were also informed the provider had made the decision to close the service. This was in part because of the challenges they had faced recruiting and retaining staff in the geographical area. The provider is working with the local authority to find appropriate services for each person.

We saw the systems in place to assess risk and manage safety were not robust. This included the assessment of people's needs in areas such as mobility and falls. The systems the provider had in place to assess the quality and safety of the service were not effective because they had not picked up on all of the issues found at this inspection. Where they had highlighted areas of concern action had not always been taken to improve. This included an action identified following a safeguarding process. The provider listened to our feedback and has implemented new systems and processes since the inspection in these areas.

Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We saw medicines were managed well and staff were trained in this area.

We saw staff had received supervision on a regular basis and an appraisal. Staff training was well managed to ensure they received appropriate knowledge to enable them to fulfil their role. There were enough staff

on shift to meet people's needs and they had been recruited safely.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards, which meant they were working within the law to support people who may lack capacity to make their own decisions. Records to evidence such decisions were not always in place.

Positive interactions were seen between staff and the people who lived at the service. Staff knew how people communicated in their own way and we saw they used this knowledge to empower people to make their own choices. Staff behaved in a respectful manner and spoke about people in a caring way. People's dignity was maintained and people were well cared for.

People were observed enjoying being included in day to day tasks such as food preparation and were supported to be independent where possible. People enjoyed their mealtime experience and we felt a real family atmosphere in the service.

People had their health needs recorded and staff followed advice from professionals to maintain their health. This included monitoring health and nutrition through regularly weighing people. We asked for a review of appointments needed for each person and this was organised quickly.

We saw people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Care plans were very person centred and written in a way to describe people's care needs so that staff knew exactly how a person preferred to be supported. People and their families were involved in designing the care received.

People were supported to access the community and a wide range of activities including holidays. We saw they maintained relationships with people they cared about and staff supported this.

The provider had a system in place for responding to people's concerns and complaints. All concerns raised had been acknowledged and the provider worked with the complainant to seek a solution.

Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection. These related to safe care and treatment and good governance. You can see what action we told the provider to take at the end of this 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.

Staff did not have access to appropriate systems to assess and manage risk. When accidents or incidents occurred actions to minimise a reoccurrence were not always taken or recorded.

Recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service.

Arrangements were in place to ensure people received medication in a safe way. Staff knew the indicators of abuse and how they would report concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received appropriate levels of training and support to enable them to fulfil their role.

Staff understood how to support people to make decisions in line with the Mental Capacity Act (2005). Records relating to those decisions were not always completed.

People were supported to maintain good health and had access to healthcare professionals. Healthcare records needed to improve.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff knew how people communicated in their own way which enabled people to make their own choices.

Staff could describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Is the service responsive?

Good

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People had opportunities to take part in activities of their choice inside and outside the service. They were supported and encouraged with their hobbies and interests.

The provider listened to concerns raised by people and worked towards a resolution.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems in place did not ensure quality and safety of the service.

Staff told us they felt they were listened to and had opportunity to discuss their ideas.

United Response - 14 Manor 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 checked 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.

We inspected the service on 18, 22 September and 20 October 2017. We announced the inspection because the service is small we needed to ensure people would be available. Two inspectors visited on all days of inspection.

Before the inspection we reviewed all of the information we held about the service. This included information we received from statutory notifications since the last inspection. Notifications are when providers are required by law to send us information about certain changes, events or incidents that occur within the service. We sought feedback from the commissioners of the service, visiting professionals and North Yorkshire County Council prior to our visit. 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. We used all of this information to plan our inspection.

At the time of our inspection visit there were four people who used the service. We spent time with all four people and spoke with three relatives. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with the registered manager, area manager, quality manager, area director, two supporting managers and four members of staff who worked in the service. We spoke with four visiting professionals as part of the inspection.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at two staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Requires Improvement

Is the service safe?

Our findings

We spoke with the registered manager about safeguarding adults and action they would take if they witnessed or suspected abuse. The registered manager told us all incidences were recorded, reported and that the service investigated concerns. Records we saw confirmed this.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they were able to describe the process to follow. They told us they had all been trained to recognise and understand all types of abuse, records we saw confirmed this.

We spoke with the registered manager about a historical safeguarding concern for one person where the provider had been given specific actions to complete to ensure the on-going risks to the person were minimised. We saw the actions had not been completed on day one of our inspection. This meant the staff had not received appropriately authorised care plans and risk assessments for this person to guide them around how to support them well. Staff had also not received appropriate competency checks to ensure they delivered the support required correctly.

This placed the person at further risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following day two of the inspection the provider worked with appropriate healthcare professionals to ensure an approved plan was in place and that staff had been checked for their competency.

We looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. Risks to people's safety had been assessed by staff without the use of recognised tools for certain areas, for example pressure care assessments. These tools guide staff to understand the control measures and actions to take to minimise the risk of harm. For example; where a person was at risk of falling, the absence of an approved tool meant staff had not recognised the need to refer to professionals following multiple falls.

Following accidents and incidents we saw the provider's documentation had not been correctly and fully completed. This meant on occasions no action had been taken to review care plans and risk assessments to do all that was reasonably practicable to prevent a reoccurrence. Monitoring of a person following any accidents had not been recorded, for example following a person falling and banging their head. The section of the form for the provider representative to sign had not been completed. This meant the accidents and incident process was not followed and the safeguard in place for a more senior person to check appropriate action had been taken had not occurred.

This placed people at risk of further harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following day two of the inspection the provider completed a review of all accidents and incidents in the

previous six months to ensure all action which should have been taken was implemented. The provider also instigated an update of their accident and incident records to more clearly define action to be taken following an occurrence, this included communicating events to people's relatives where necessary.

Following day three of the inspection the provider sent us copies of numerous recognised assessment tools they planned to implement in the service where people required them.

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines.

The registered manager described the work which had occurred to improve medicines support over the six months prior to our inspection. A pattern of increased medicines errors had been noticed and changes were required to ensure staff were confident and the system robust to reduce the number of errors. The work completed had been successful and we saw staff were confident and errors had significantly reduced.

Where people were prescribed creams the service did not use topical medicine administration records (TMARs) which told staff where the cream was to be used and why. We saw protocols for 'as and when required' (PRN) medicines were not in place to describe to staff the full details of what the medicine was for and when it would be appropriate to administer it. By day three of the inspection these had been implemented.

People's care plans contained information about the help they needed with their medicines and the medicines they were prescribed including side effects. The provider had a medication policy in place, which staff understood and followed. We checked people's Medication and Administration Record (MAR). We found this was fully completed, contained required entries and was signed. We saw there were regular management checks to monitor safe practices. Staff responsible for administering medication had received medication training and a competency check.

We looked at two staff files and saw the staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

We saw a full employment history was not always recorded in staff records as is required. Overall we found the recruitment process was safe and the registered manager told us they would build into their recruitment system checks on employment history. On day three we saw a full review had been completed of staff employment history by one of the supporting managers.

Agency workers were used regularly by the service and we saw appropriate checks had been made to ensure they had been recruited appropriately.

We looked at the arrangements in place to ensure safe staffing levels. The registered manager showed us a tool they used to map how much support each person needed throughout a 24 hour period. The provider had then ensured the correct amount of staff was available to meet those needs. Rotas we saw confirmed this.

During our visit we observed there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. Staff told us staffing levels were appropriate to the needs of the people using the service.

The registered manager and area manager explained the extreme difficulties they had recruiting and retaining staff within the geographical area. The area manager described the area as a 'saturated market' where the pool of staff to recruit was very small and competitive. This had led to the use of agency workers since the last inspection. The provider had tried various ways to recruit and had employed the services of specialists to do this. They were acutely aware of the need for consistent and well trained staff to enable people to be safe. On day three of the inspection we were informed that the provider had taken the decision to close the service. One of the reasons for this closure was the inability to recruit and retain staff.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. We saw the environment was clean and free from malodour.

Personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed evacuation practices had been undertaken.

Requires Improvement

Is the service effective?

Our findings

Relatives we spoke with gave different views around whether staff had the skills and knowledge to provide effective support for people. One relative told us they did not have the confidence that some members of staff had received appropriate training specific to their family member's needs. Two relatives felt staff understood their role and were able to deliver support well to their family member.

The registered manager told us staff new to care were undertaking the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

A new member of staff told us how their induction had involved shadowing experienced staff until they felt confident and competent. One member of staff told us, "[Name of registered manager] was excellent during my induction and gave a real insight into the role." We saw all agency workers had also received an induction to the service and were supported to understand people's needs as quickly as possible.

As described in the safe section of this report staff had not received appropriate person specific training and competency checks for one person using the service. Work was completed to ensure this happened by the time we visited on day three. We saw records to confirm this.

The training matrix confirmed staff training was well managed and most staff were up to date in all topics the provider felt was mandatory. We saw additional training in areas relating to people's medical conditions such as epilepsy were also available to staff which enabled staff complete their roles.

The area manager explained the senior support staff were to be supported to attend frontline leaders training in the future to support their development.

Staff we spoke with during the inspection told us they felt well supported and they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records to confirm supervision and appraisals had taken place. One member of staff told us, "I have regular supervision and I am always learning and asking questions. I feel supported."

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions. Our observations of staff interacting with people confirmed they used their

knowledge of how people communicated to understand people's choices and they respected those choices people made. We were confident consent was sought each time staff approached people to provide care and that staff offered the least restrictive options available to people which were in their best interests. A member of staff told us, "We give people choice and act in people's best interests. One person will always say yes, we help to filter choices and offer advice and sensible options."

We saw the care plans in place were discussed at people's annual review and it was recorded in one person's file that the care plans were in the person's 'best interest'. Records to confirm a capacity assessment had been completed were not in place. We discussed with the area manager that records relating to capacity assessments and 'best interests' were required and they agreed to ensure these were completed.

Staff we spoke with had a good understanding of DoLS. At the time of the inspection two people were authorised to be deprived of their liberty and one application to ask for authorisation was pending.

People's preferences, likes and dislikes regarding food and drink were known by staff and recorded within people's care plans. The menus we saw included those preferences. Where people required food to be prepared in a specific way because of allergies, swallowing difficulties or preference this was recorded and staff adhered to the guidance to keep people safe.

Choices were available at each mealtime and we saw where people were able they joined in the preparation of food with staff. People were supported to write their own shopping list and access the local supermarket to choose and buy their own food.

People were supported on an individual one to one basis to eat their meals. Staff were observed to include people and support them at a pace which meant the person was relaxed during their mealtime. We saw people enjoyed mealtimes and they displayed this through their relaxed demeanour and engagement with the staff and other people in the room. We observed staff used mealtimes as an opportunity for people to catch up with their day and discuss plans for the rest of the day. Light-hearted chat and banter was observed which gave the experience a family feel.

We saw people were weighed to monitor their nutritional needs and professional advice regarding peoples; nutrition, eating and drinking was followed by the staff team.

People who lived at the service had complex physical and health needs. Each person had a 'health action plan' document in their care records which outlined their health needs and support needed to maintain good health. The aim of this document is to ensure people with a learning disability have accessed appropriate health professionals to maintain good health. We saw it was difficult to determine the last appointments people had accessed from the records we were shown. We asked for this to be looked at and on day three the area manager confirmed all appointments outstanding for people had been made.

Families were involved in medical appointments where they chose this. One relative felt not all information was passed to them following appointments. This was a concern for the provider and they had implemented better recording systems to improve this situation. Another relative told us, "Staff are on the ball and they communicate. Health needs are managed ok and they have a fitness person who comes and they promote my family member walking."

We saw people had received an annual health check from their GP which ensured their prescribed medicines were effective and that they had received appropriate health support the GP felt necessary. We

saw people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

We saw one person was receiving regular treatment from visiting professionals when we inspected. We spoke with the district nurse team and they told us, "In conversations with staff they appear to have a good understanding of people's needs." They also reported staff followed advice they gave and this had led to an improvement in the person's condition.

Where people required emergency support for specific medical conditions we saw protocols were in place to guide staff on what action to take. Staff had also been trained in how to intervene appropriately.

The environment people lived in was well maintained and contained all of the appropriate specialist equipment to support staff to meet people's needs. Although the environment was adapted to support people who used wheelchairs to access the main entrance doors and garden areas the provider felt it was not fully accessible for people with a physical disability. For example, the main corridor was narrow with sharp turns which were difficult to navigate large wheelchairs through. This was another reason why the provider had taken the decision to close the service.

Good

Is the service caring?

Our findings

One person was able to express their opinion of the staff team and they gave us the thumbs up when we asked if the staff supported them well. A relative told us, "Staff think on my family member's behalf. We went for a family meal recently and I noticed my family member was looking forwards to going back to the service which they call home. This is a good sign, when I drop them back off they are at home there."

We discussed with professionals their opinion of the approach staff had with people. One visiting professional told us the service was a home environment and not in any way clinical. They told us, "We are always welcomed and supported by staff; I have no concerns here about the way people are treated."

During the inspection we spent time observing staff and people who used the service. Throughout we saw staff interacting with people in a very caring and friendly way. The positive rapport was evident between people and members of staff. Staff knew each person's specific method of communicating and how to offer choice. Staff could tell us how people told them yes or no in their own way. Staff helped people to communicate and were patient to allow people time to express their view. We saw people gave staff eye contact and seemingly engaged with staff through smiling and following instructions and joining in. Staff did not rush people and spoke to people gently. We saw where appropriate information was made accessible for people to understand it using pictures and symbols.

We saw staff treated people with respect and afforded them dignity. This was evident in the language staff used to speak about people, how they addressed people and how they advocated for people to have an active fulfilled life of their own choosing. Respect was also shown by ensuring people received care in the way they knew people liked it. An example of this was new stools had been purchased so staff could support people at the correct height whilst eating their meals. Staff were observed asking permission to enter people's rooms, explaining what was happening and offering choices.

People's appearance was also taken very seriously because staff understood the importance of people feeling proud of their appearance. People were supported to have their own style; one person had been supported to purchase clothes protectors in a very dapper waistcoat style which meant they were respectfully supported when accessing the community. This showed the staff team was committed to delivering a service had compassion and respect for people.

It was evident from discussion all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people and were concerned for their wellbeing.

Staff had supported people with their families to personalise their own bedrooms. Attention to detail was seen for example, a mirror had been placed strategically so the person who used a wheelchair could see to blow dry their own hair. This demonstrated staff thought on behalf of people. You could see a person's identity by visiting their room and understand what they liked. This ranged from pink sparkly glitter to music preferences and memories of past holidays and good times. Staff were able to discuss the pictures, where

they were taken and the memories with people. We saw for one person this was very important and they enjoyed this interaction with staff, we knew this because they were smiling.

People were encouraged to be independent and make choices such as what they wanted to wear, eat, and drink and how they wanted to spend their day. We saw people made such choices during the inspection day. We saw one person had their own kitchen drawer which was accessible to them where they were able to store items to prepare their own drink.

At the time of the inspection one person who used the service required an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Good

Is the service responsive?

Our findings

We saw people led very active lives. This included access to local groups, clubs and venues. People were supported to maintain links with their relatives. Relatives explained they visited frequently and some people spent time overnight with their family or on days out with relatives. One relative told us, "My family member has a better social life than me. Staff are looking to swap the session they attend to different times so they don't get tired too much."

Staff were able to tell us that people had been on holiday to different places including Edinburgh and Worcester. Holidays were chosen based on people's preferences. Day trips had also happened to Filey, Scarborough and the Harrogate Flower Show.

The service had a vehicle people could access but staff also explained they used public transport a lot and walked into the local town of Knaresborough. Staff explained people were part of their community and one staff told us, "When I came to work here I noticed the sense of community. When we step out of the door people always say hello to us and I feel it is tight knit, neighbours would look out for us." This demonstrated a good community presence had been fostered for people. We saw people took part in maintaining their home and actively participated where possible in areas such as hoovering, dusting, cooking and menu planning/ shopping.

One person had recently been restricted due to their health and not able to access the community. Staff had ensured they supported them in the house to feel as occupied as possible. We saw staff had done nail care, aromatherapy, exercises and music. We did discuss with the relative of this person that activities were not always recorded so families could see what people had enjoyed. The provider implemented a new style recording system to support this.

Everyone was really keen to tell us about an experience they had been supported with earlier in the year. Staff had arranged for a project where people were able to nurture some eggs until the baby chicks had hatched. The registered manager explained this was a really positive experience for people and that friends had visited to watch the process too. One person told us, "I liked the chicks."

All staff had received training in April and May 2017 around the concept of 'Active Support'. This is a way of providing assistance to people that focuses on making sure they are engaged and actively participating in all areas of their life. This is done through maximising choice and control, promoting independence and supporting little but often. This good practice methodology outlines that every moment in a person's life has the potential to engage a person in conversation, participate in activities the person enjoys and that we all need to participate in doing things in our home life. This practice aims to encourage people achieving meaningful activity and relationships for and with people. The outcome provides people with a sense of personal worth and identity and ensures effective person centred support is delivered.

The care plans we saw contained all the knowledge known about people's preferences, likes and dislikes to enable staff to work within the 'Active Support' model. The energy we saw staff display to involve people,

communicate with people and support them to participate in all areas of their life displayed to us 'Active Support' was a reality at the service and that people did receive an effective person centred service. Staff were responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. The provider had an easy read complaints procedure, but we were told people who used the service would not be able to understand this document due to their complex needs.

We looked at the complaints received in the past 12 months and could see one person's relatives had been in regular contact with the registered manager, area manager and provider with concerns about their family member's care. We saw the provider had listened to each point made but had not always responded effectively or reached a satisfactory outcome for the relative. We spoke with the area manager about this and were confident the provider was working with this relative to continue to understand their points and respond when needed.

A relative we spoke with told us, "I am delighted with the way the staff treat my family member and I have no complaints."

Requires Improvement

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw a range of checks were carried out by the registered manager or staff at the service in areas such as health and safety and medicines. We saw a manager from another of the provider's services completed checks every three months. The area manager carried out a six monthly audit alongside frequent visits to the service.

We saw this system was not effective because issues which had been recognised were still not completed. For example, an audit in April 2017 identified 'as and when required' medicine protocols were not in place and that was still the case at the time of our inspection. Also, an audit in June 2017 identified a person required a specific healthcare appointment and this had still not been actioned.

The system in place was not effective because it had not highlighted all of the concerns we have raised during this report. For example, accident forms not fully completed or signed off and safeguarding actions had not been completed.

The provider did not have processes in place which supported them to govern the service because they did not know the patterns and trends occurring. The provider had not ensured the staff had the correct tools to assess people's needs and manage risk, for example, no falls risk assessment tool and no process to follow following a person suffering a head injury.

We saw on occasions records had not been completed fully or had not been completed at all when required to evidence the day to day support people received. The area manager also did not record the details of their visits to the service.

This placed the person at further risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following the inspection the provider informed us the service would be closing and we discussed the difficulties they had experienced delivering the service in the past 12 months. The provider has outlined how they will work with the local authority and families to find people suitable new places to live. The provider also updated us on the changes they would be making across their services with regards to quality audits and risk management systems following feedback form our inspection.

We saw the people who lived at the service had a good relationship with the registered manager, we observed them interacting positively. One person who was able to communicate with us said, "I like [Name of registered manager]." Relatives gave us mixed feedback about the registered manager. One relative felt they had not been listened to or supported to ensure their family member was safe. Another relative told us, "The manager does a good job, they can be busy. They are very approachable and friendly, they are still finding their feet. The service is a lot calmer and less tense now."

Staff we spoke with said they felt the registered manager was supportive and approachable. One member of staff said, "I don't think you can get a better manager, they are down to earth and approachable. The manager is very honest and the senior manager is involved. I am very settled." Following the inspection the registered manager has chosen to leave the organisation and an interim manager has been appointed to ensure the service is supported until the closure.

Staff told us they worked as a team and one member of staff said, "We have improved through team work and communication, we do function well. We saw there were weekly senior staff meetings and also regular team meetings where staff were updated on practice elements of their role. For example they have done good practice sessions on cleaning people's teeth, epilepsy and autism.

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 Tools to assess risk and take action to minimise risk of harm were not available. All action to do all that was reasonably practicable to mitigate risk to people's health and wellbeing were not always taken. 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 Quality assurance systems were not effective enough to ensure people received a quality service which was safe. Contemporaneous records were not always kept about care and treatment people received. Regulation 17 (1) (2), (a), (b), (c), (f).