

Yarrow Housing Limited

Yarrow Housing Limited - 1- 2 Elmfield Way

Inspection report

1-2 Elmfield Way
Maida Hill
London
W9 3TU

Tel: 02072661200
Website: www.yarrowhousing.org.uk

Date of inspection visit:
31 August 2017
07 September 2017
09 October 2017

Date of publication:
11 December 2017

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 31 August, 7 September and 9 October 2017. The first day of the inspection was unannounced and we informed the registered manager of our intention to return on the second day. Following these two inspection visits we received information of concern from health and social care professionals in relation to the quality of care and support provided to people who used the service. The third day of this inspection was unannounced and was scheduled in order to gather further evidence. At our previous inspection on 14 and 16 July 2015 the service was rated 'Good'. At this inspection we have rated the service as 'Requires Improvement.'

1-2 Elmfield Way is a six bedded care home for men and women with a learning disability or autistic spectrum disorder. It is a bungalow with single occupancy bedrooms, a combined dining and lounge area, a small sitting room and a rear garden. None of the bedrooms are en-suite; there are shared toilets and bathrooms in the communal areas. At the time of this inspection there were four people living at the service.

There was a registered manager in post, who had managed 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 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. The registered manager was present at the inspection.

The systems in place to identify and manage risks to people's safety and wellbeing were not sufficiently rigorous. Staff understood how to protect people from the risks of abuse and how to report any concerns about people's safety and welfare.

There were sufficient staff deployed to support people with their personal care and their preferred activities at home and in the wider community. Thorough recruitment practices were followed by the provider to ensure that people were supported by staff with appropriate experience and knowledge.

The premises were being safely maintained in regards to areas such as fire safety and the professional maintenance and servicing of equipment and installations. Medicines were managed in a safe way and staff received medicines training.

Health and social care professionals told us that people were not always supported to meet their needs. We found that some staff had experienced difficulties in completing monitoring charts required by external professionals.

Staff received ongoing training, one to one formal supervision and an annual appraisal of their performance. Staff received mandatory training, such as moving and handling people and fire safety. Training was being provided to enable staff to effectively support people by providing positive behaviour support.

Staff had received training about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and they understood how to protect people's rights.

Processes were in place to support people to meet their nutritional needs and to report concerns to relevant professionals if people needed more intensive support.

There were positive interactions observed between people who use the service and staff. People were treated with respect and their privacy was protected when they received personal care.

We received some negative comments about how people were supported to engage in meaningful activities. During the inspection we saw that people were actively using community resources and returned home pleased with their visits to places and activities of their choice.

Systems had been established to enable people and their supporters to make a complaint. People were provided with a pictorial complaints leaflet and other more detailed pictorial materials were used to help people express their concerns and views.

Staff told us they felt well supported by the registered manager. However, we found that there were issues that needed to be improved on that had not been identified by the provider's own quality assurance systems.

We have issued two recommendations. The first recommendation is for the provider to seek guidance about how to complete behavioural monitoring charts and the second recommendation is for the provider to seek guidance about how to ensure that people's Health Action Plans are kept up to date. We found two breaches of Regulation. These were in regards to the provider ensuring that risk assessments are kept up to date to reflect people's current needs and carrying out regular monitoring visits to ensure that people's needs were being met appropriately.

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?

The service was not always safe.

Risks to people's safety, health and well-being were not always identified and managed appropriately.

Staff understood how to identify and respond to signs of different types of abuse, and keep people safe from harm.

Staff were effectively recruited and deployed in suitable numbers to meet people's needs.

Medicines were safely managed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Up to date information about people's health care needs was not always recorded. Staff did not always follow guidelines from health care professionals.

Staff received training, supervision and support to carry out their roles, although additional training was needed by some staff to complete specific monitoring charts for people.

Staff understood about Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. This meant they could take the appropriate actions to ensure people's rights were protected.

People were supported to receive a balanced diet that reflected their preferences.

Requires Improvement ●

Is the service caring?

The service was caring.

We observed positive interactions between people and staff. Staff supported people to maintain contact with relatives and friends.

Staff respected people's privacy and dignity.

Good ●

People were provided with accessible information about their rights.

Is the service responsive?

The service was not always responsive.

Care and support plans did not always reflect people's current needs.

Mixed views were gathered in regards to whether the service provided care and support that was responsive to people's needs, wishes and interests.

Systems were in place to respond to any complaints in a professional way.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Health and social care professionals reported that there were deficits in the quality of care and support provided to people who use the service.

Staff told us they felt well supported by the registered manager.

Arrangements to monitor the quality of the service were not sufficiently rigorous.

Requires Improvement ●

Yarrow Housing Limited - 1-2 Elmfield Way

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.

The inspection took place on 31 August, 7 September and 9 October 2017. The first day and the third day of the inspection were unannounced and we informed the registered manager we would be returning on the second day. The inspection was conducted by one adult social care inspector on the first and second day, and the inspection team comprised one adult social care inspector and a specialist professional advisor on the third day. The specialist professional advisor had current experience of supporting people with a learning disability or autistic spectrum disorder as a registered nurse and best interests' assessor. Before the inspection we read through the information we held about the service. This included notifications of significant incidents reported to the Care Quality Commission and the last inspection report of 14 and 16 July 2015.

We spoke with the four people living at the service. As people were not able to discuss their views with us about the quality of the service due to their disability, we used the Short Observational Framework (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed support and care being given to people in communal areas and looked at a range of records which included five staff recruitment folders, health and safety documents, medicines administration records, the complaints log, accidents and incidents forms, and specific policies and procedures. We read the care and support plans for two people who used the service but looked at specific sections in two other care and support plans, for example how people were supported with activities and nutrition. We spoke with four support workers, a deputy manager and the registered manager.

Following the inspection we spoke by telephone with the relatives of two people who used the service. The

specialist professional advisor spoke by telephone with the registered manager in order to gather additional information. We contacted external health and social care professionals with knowledge and experience of using this service and received responses from six professionals.

Is the service safe?

Our findings

People were not always adequately protected from the risk of avoidable harm. We looked at the risk assessments that the provider had developed for two people who used the service to check that there was a robust system in place for identifying and addressing any risks to people's safety, wellbeing and health. The risk assessments for one person were up to date and contained suitable guidance for staff to mitigate the identified risks and safely support the person to increase their independence and acquire new skills. However, we found shortfalls in regards to the quality of the risk assessments in place for a second person. The person had a complex range of needs which included different behaviours that challenged the service and a significant health care need. For example, we saw that commonly found risks associated with the person's significant health care need had not been documented which meant that staff did not have detailed risk management guidelines to follow.

Health and social care professionals told us that they had asked the registered manager to produce a specific risk assessment for a person who uses the service, which was very important given known concerns that had happened recently. They thought there had been an unacceptable period of delay with the production of the risk assessment, which we also noted during the inspection. The registered manager showed us that the risk assessment had been written and informed us it was due to be sent to the community health and social care team after it had been checked by the provider's area manager.

The above findings demonstrated that risks to people who use the service were not safely and consistently managed. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

We had noted in the previous inspection report that the registered manager and the staff team had described the complex needs of people who use the service, which at times had resulted in people experiencing difficulties with other people living at the service. At this inspection one relative told us they thought their family member was safe living at the service. The relative informed us that they had been particularly concerned about their family member's safety three years ago due to a serious incident at the service but was reassured by various actions implemented by the provider to protect their family member. The relative of another person expressed their concerns about the safety of their family member. They described to us an incident that had occurred since the previous inspection and said they were worried that similar incidents could happen again. The provider had notified the Care Quality Commission (CQC) of these events, in accordance with legislation.

Staff had undertaken training in safeguarding and were familiar with the provider's safeguarding policy and procedure. The staff we spoke with demonstrated their understanding of different types of abuse and understood how to keep people safe from the risk of abuse. Staff told us they would speak to their line manager if they had concerns about a person's safety and felt confident that the registered manager and deputy managers would take appropriate action. Staff demonstrated an awareness of the provider's whistleblowing policy, which included details about how to raise concerns internally and how to contact external organisations if required. Whistleblowing is when a worker reports suspected wrongdoing at work.

The relatives we spoke with did not identify any concerns with the staffing levels. During the inspection we observed that people who use the service were supported to go out every day, in accordance with their wishes. People were escorted by two members of staff in the wider community and we noted that a satisfactory number of staff were deployed to facilitate this. Our observations of how staff interacted with people showed that they did not display a rushed approach and took sufficient time to sensitively listen to people and offer them support.

The provider evidenced that staff recruitment was rigorously carried out in order to make sure that people were supported by staff with appropriate knowledge and experience to safely carry out their roles and responsibilities. The staff files we looked at showed that various checks were conducted before staff were allowed to commence employment. These checks included two written references, proof of identity and proof of eligibility to work in the UK. Disclosure and Barring checks were in place. The DBS provides criminal records checks and a barring function to assist employers to make safer recruitment decisions. We saw that the provider scrutinised the application forms completed by candidates to identify any gaps in employment and recorded the reason for the gap, for example if a prospective employee had taken a short break after completing university or a previous job.

People were supported to safely receive their prescribed medicines. Discussions with staff confirmed that they had received medicines training and understood the provider's medicines policy. Medicines were securely kept in a lockable cabinet and daily checks were carried out to ensure that stock levels were accurate and balanced with the number of medicines that had been dispensed. We checked the storage of medicines, how staff completed the medicine administration record (MAR) charts and the system for disposing of surplus medicines, which were all observed to be satisfactorily undertaken. We found that a prescribed bottle of olive oil ear drops had not been marked with the date of opening to enable staff to ensure it was disposed of after 28 days, in line with the manufacturer's instructions. This item was immediately removed by the registered manager. Other prescribed items that needed to be disposed of within a stipulated timescale were appropriately identified.

The registered manager informed us that the premises were leased to the provider by the NHS, having been purpose built in 2000 on the site of a former hospital. At the previous inspection we had noted that the premises were hygienic and suitably maintained but were beginning to show evidence of wear and tear. The registered manager had identified some actions needed to improve the premises, which included a plan to turn a spare bedroom into a small sitting room so that staff had more options for managing behaviours which challenged the service. At this inspection we observed that a small sitting room had been created and was in use. This additional facility positively impacted on people's safety and wellbeing. We met a person who uses the service enjoying a cup of tea in this room, accompanied by a member of staff. We also observed that parts of the building had been redecorated since the previous inspection.

Systems were in place to ensure that people who use the service were provided with a safe home to live in. We looked at a number of health and safety records which included portable electrical appliances testing, electrical installations inspection by a competent person, weekly hot water temperatures, unused water outlets flushes, weekly fire point tests, monthly fire extinguisher checks, fire evacuation drills, the annual fire risk assessment by an external fire safety company and emergency lighting testing. These records confirmed that the registered manager took appropriate actions to maintain a safe environment for people who use the service, staff and visitors.

Is the service effective?

Our findings

Local health and social care professionals reported to us that they had identified issues of concern in regards to how the service worked in an effective manner with them in order to meet people's needs, including their health care needs.

People who used the service had Health Action Plans in place, which were designed to identify their health care needs and outline the support they needed to meet these needs, for example if they needed appointments and/or treatment with opticians, dentists, podiatrists and community nurses. We noted that one person's health needs had been reviewed in June 2017 and the next review was identified for June 2018. The registered manager confirmed that people's Health Action Plans were appropriately revised as and when their health care needs changed, so that there was always up to date and relevant guidance for people and staff to follow. We noted that this person's health care needs had not changed since their review. The Health Action Plan for another person who uses the service had not been updated since the last review in February 2017, although there had been a significant change in their needs. We acknowledged that there were some written guidelines filed separately from the Health Action Plan for staff to follow, which had been developed at recent meetings held with health care professionals.

We recommend that the provider seeks advice and guidance from a reputable source about how to ensure Health Action Plans are kept up to date.

Health and social care professionals told us they were concerned about how staff completed behavioural monitoring charts. These ABC (Antecedent, Behaviour, Consequence) charts were introduced by the community professionals to enable them to obtain a clearer understanding of the behaviour of people who used the service, in order to more effectively meet people's needs. Staff were asked to record information if an incident occurred.

The Antecedent section required a full description of what a person was doing during the hour preceding the incident. This information needed to be as detailed as possible so that health and social care professionals could use it to spot any recurring triggers leading to behaviour that challenged the service. We found that the Antecedent information was not satisfactorily described. For example, on one entry staff had written that a person "had lunch" but did not give any indication of how the person was during the lunch in terms of whether they interacted with staff, ate rapidly, and appeared settled or agitated. The Behaviour section required information including what happened, how long did it last and did a person's mood change during the incident. We found that behaviour information was well described and remained factual, based entirely on what the staff saw. However, there was insufficient attention given to the length of the incident. The Consequence section required information such as what did a person do, what did staff do, were any medicines administered and were they effective. We found that the Consequence section was completed to a variable standard and was often insufficient in detail. Our observations indicated that some members of staff demonstrated an appropriate understanding of the level of detail needed to provide useful information for the psychology team but other staff were less aware.

We received comments from health and social care professionals that these charts had been sent to them just before review meetings, so that there was insufficient time for the community professionals to conduct their analysis to present at the meetings. The information we saw showed that the observation charts were sent back by the service in five separate batches and tended to be sent between one and three days after the observations were completed, although the final batch were sent five days afterwards.

We recommend that the provider seeks advice and guidance from a reputable source about how to complete these forms correctly.

Staff conveyed to us that they were encouraged and supported to undertake training and qualifications that were relevant for their roles and responsibilities, which was confirmed when we looked at training records. One member of staff informed us that they were on their probationary period at the time of the inspection. They were positive about the quality of the training they had attended so far which included health and safety, first aid, equality and diversity, safeguarding adults and a two days course to understand Makaton. This is a language programme using sign and symbols to help people to communicate. The staff member told us that they received regular one to one supervision from either the registered manager or a deputy, which was currently linked to their probationary period objectives and assessments. Another staff member told us they had worked at the service for two and a half years, having originally joined the organisation as a bank worker. They told us that the provider had supported them to achieve a level three qualification in health and social care and said they had recently attended training for Makaton, medicines administration and Proact-Scipr, which stands for Positive Range of Options to Avoid Crisis and use Therapy and Strategies for Crisis Intervention and Prevention. It is a technique that emphasises a 'whole person approach' when supporting individuals through a crisis in a sensitive and caring way so that the needs of the person are met. At the time of the inspection six members of staff at the service had undergone this training in addition to positive behavioural support training at a local university.

We looked at the supervision schedules and saw that staff attended one to one formal supervision approximately once every two months. Staff said that their supervision sessions provided them with an opportunity to discuss their training needs and receive guidance about how to meet the complex needs of people who use the service. At the time of the inspection the registered manager was carrying out the annual appraisals for staff, which were due to be completed by the end of October 2017.

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. We checked whether the service was working within the principles of the MCA. Staff we spoke with and the registered manager told us that people were supported to make day to day decisions, for example which amenities, parks and cafés they wished to visit in the wider community. During the inspection we observed that people were asked for their consent. For example, staff asked a person if we could look at their bedroom and the person was supported to express their refusal. Best interests meetings were held in order to assist people to make decisions such as whether they should undergo specific medical procedures. Records looked at during the inspection and discussions with relatives confirmed this.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager showed us that she had made applications to the local authority for people who use the service to receive a DoLS assessment and was waiting for this to be actioned.

Our observations during the inspection demonstrated that people enjoyed their food. During the afternoon people relaxed with staff and played with indoor games, listened to music or did jigsaw puzzles, if they did not have appointments or activities outside of their home. We joined people and staff during the afternoon for the daily 'tea break'. People were offered choices of hot and cold drinks with sweet and/or savoury biscuits, although we noted that tea was the popular choice. We did not observe people join together for any communal meals, as they tended to eat out as part of their community activities or have lunch before going out. However, when we asked people if they were happy with the food they positively responded and told us what their favourite meals at home were. Staff told us about how they supported people to actively engage with preparing shopping lists and visiting supermarkets, so that their preferences were met.

People's care and support plans showed that people were supported to get involved with food preparation or associated household chores. Staff were familiar with people's likes and dislikes in regards to food and drink, and pictorial aids were used where necessary to assist people to make their choices known. Information was recorded in people's care and support plans in regards to whether people had specific dietary needs due to medical and/or cultural reasons. We noted that where people experienced problems with eating and drinking, the service supported them to receive appropriate health care treatment. On the first day of the inspection we looked at the food choices available for people who use the service and saw that the kitchen was appropriately stocked to enable people to receive a balanced diet that included fresh fruit and vegetables, and snacks between meals if required.

Is the service caring?

Our findings

We observed positive interactions between people who used the service and staff. There were smiles and laughter during the afternoon games session, and staff spoke with pride about people's accomplishments. For example, one person who uses the service made birthdays and special occasions cards which were shown to us. Another person had acquired new skills and was now more independent with carrying out laundry duties. The registered manager told us about this accomplishment but it was also mentioned during separate discussions with staff, who were pleased about the person's progress.

A person who used to live at the service until they moved into other accommodation managed by the provider returned every week for a few afternoons to spend time with their former housemates and staff. The registered manager told us that this arrangement was established at the request of the person and their relatives, as they enjoyed the atmosphere at the service. We observed that staff encouraged the friendships that some people who use the service had developed with each other, and were patient and attentive in the way that they supported people. We noted that one person who uses the service was supported by staff to buy light refreshments to offer their family members when they visited, as this was important for the person.

The relative of one person told us they thought people who use the service were treated with kindness by a caring staff team. The relative of another person told us that although they had concerns about other aspects of the care and support provided to their family member, they felt staff were genuine and committed towards the people they supported. They remarked, "I appreciate the work they have done."

At the previous inspection visit we had noted that people who used the service were supported to find therapeutic and paid employment opportunities. At this inspection we found that two people went once a week to the provider's main office to carry out shredding duties, supported by their key worker or another member of the staff team. They received a fair remuneration to acknowledge their work, which people could spend or save in line with their own wishes. We observed that when the registered manager spoke with people about their therapeutic employment and encouraged them to tell us what they did, people appeared positive that they had a meaningful role.

People were provided with care and support in a respectful manner that ensured their dignity. We saw that personal care was carried out in the privacy of a person's bedroom or in a bathroom, and staff knocked on bedroom doors before entering. Confidential information was kept in an office that was locked when not in use.

People were provided with a pictorial contract that explained their rights and entitlements living at the service, and were supplied with a pictorial guide about how to make a complaint. Information was available about how to access advocacy services if people wished to have independent support to make a complaint.

Is the service responsive?

Our findings

We received mixed responses from the relatives we spoke with in regards to whether the service responded well to the needs of their family member. One relative told us their family member visited them at home every week accompanied by a member of staff and this enabled them to closely observe how staff met their family member's needs. The relative told us that their family member was taken out very regularly to amenities in the community, for example parks and cafés, which provided stimulus and a beneficial change of environment. The relative expressed they were pleased with physical changes made to the premises. This had created a quiet area for the family member to relax in, which supported their family member to meet their needs.

Another relative told us they had concerns about whether the service was effectively responding to the needs of their family member. The relative told us they had spoken with the registered manager about their concerns. They reported that although the registered manager endeavoured to respond to the issues raised there were frustrating delays, for example with the installation of a broadband connection that would enable their family member to freely use their electronic devices in their own room. The provider informed us following the inspection that they had invested in further technology to ensure they get high speed access in all areas of the home and in addition to the person being supported to use a desktop computer belonging to the organisation. The provider also explained why the delays had taken place in relation to an activity, some of which were out of their control.

People's needs were assessed by the local team for adults with a learning disability before they moved into the service. The registered manager told us that staff at the service developed care and support plans for people and these plans were sent to health and social care professionals at the learning disability service to review before being implemented. We looked at a Positive Behaviour Support Plan (PBSP) for a person who uses the service. Positive Behaviour Support (PBS) is an approach that is used to support behaviour change in a person with a learning disability. PBS is based upon the principle that if you can teach a person a more effective and more acceptable behaviour than the challenging one, the behaviour that challenges will reduce. We noted that the PBSP was due to be reviewed in November 2017, which was one year after it had been written. It was evident to us that two very significant changes had happened for the person but the PBSP had not been updated. The registered manager told us that it had been difficult to implement a new plan as the person's needs were being reviewed through ongoing meetings with the person's relatives and health and social care professionals. The provider informed us following the inspection that the local clinical team was responsible for taking the lead role. However, we have noted that the provider has a duty of care to ensure that people have up to date and relevant Personal Behaviour Support plans are up to date and we were not supplied with evidence to demonstrate how the provider pursued this matter with the clinical team. The other care and support plan we looked at was up to date and addressed the person's identified needs.

Health and social care professionals told us that they had recently gathered evidence about how people were supported by staff to engage in meaningful activity. This information was gathered through detailed observations undertaken by members of the psychology team. The data was shared with us and showed that there were extended periods during the observations when people were not involved in activities that

were interesting and stimulating for them. During the inspection we observed that people went out with staff and appeared happy and contented when they came back to the service. For example, people came into the office to see the registered manager who asked them if they had enjoyed their community activity. One person told us that they liked to go shopping and swimming, and we noted that both of these activities were featured in their weekly schedule. We were informed that another person liked going to public libraries. Although there was a library that people could walk to, the staff supported the person each week to visit a library that involved travelling on public transport to. This was because the person also liked using buses and trains. Due to the activity being longer because of the added travelling, it also meant that the person was interested in going into a café for their favourite beverage or visiting a large railway station to look at different types of trains, rather than walking back home straight after they were finished in the library. This demonstrated a creative approach as it enabled staff to plan a regular outing which was not prohibitively costly and it combined the person's different interests. We met the person after their visit to the library and saw that they were engrossed for a while looking at the material they had got from the library. A third person went to an outdoor gym, attended a cookery class at a resource centre managed by the provider and went to a computer class at a different day centre. We were informed that people were supported to attend a local indoor gym when the weather was no longer suitable for using the gym equipment at parks.

The relative of one person told us they were concerned that their family member was not being offered the type of activities they liked and needed. The relative told us that they thought their family member was bored and they thought the lack of suitable activities and stimulation had negatively impacted on the wellbeing of their family member. They also expressed that they were unsure as to whether their family member was consistently being supported to undertake all of the activities that featured on their weekly activities timetable. The registered manager told us about the strategies that had been put in place to support the person to engage in activities and about new equipment they had provided for the person. The registered manager acknowledged that this had not achieved the positive outcomes that the relatives and the staff team at Elmfield Way wished to attain and stated that she welcomed advice and support from health and social care professionals to address this concern.

Relatives told us that they knew how to make a complaint and were familiar with the provider's complaints guidance. The relatives we spoke with told us they had not made any formal complaints since the previous inspection although one relative said they had raised issues with the registered manager from time to time. The complaints log showed that any complaints were dealt with in line with the stipulated policy.

Is the service well-led?

Our findings

We noted that although there had been increased challenges for the service, this had not led to increased monitoring by the provider. The registered manager told us that she received supervision from the area manager, which included guidance about how to address concerns at the service. However, we found limited evidence of regular quality monitoring visits by the provider to check how staff were supporting people at a difficult time and monitor how any guidance for improvement was being implemented.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014.

The views we received from external health and social care professionals signified that they thought the quality of care and support at the service needed to improve. During the inspection we found shortfalls in how the service was operating, including the omission to update the Health Action Plan and Positive Behaviour Support Plan for a person who uses the service had not been addressed.

We found that the registered manager and staff were working towards making improvements. For example, one person who used the service was no longer able to attend an activity which occupied four days of the week. The registered manager confirmed that they had organised for a new activity that was due to start soon after the inspection and was carrying out a risk assessment. A health and social care professional told us that staff were not being directed to utilise opportunities to provide people with appropriate opportunities to gain new skills and greater independence. They told us that they had observed an occasion when a person returned home from a trip to the supermarket with staff. The health and social care professional noted that staff did not support the person to put away the groceries and did not appear to recognise that this was an occupational activity linked to the shopping trip.

Staff told us they felt well supported by the registered manager and the deputy managers. One member of staff told us, "[Registered manager] motivates me and makes me believe that I can achieve." Staff meetings were held to discuss the needs of people who use the service and share information about the daily running of the service. Staff confirmed that the registered manager conducted debriefing meetings after any incidents at the service, which enabled staff to calmly reflect on events and consider how they might do something differently, if applicable.

The service had recently received a quality monitoring visit from a national organisation for people with a learning disability, which was conducted by quality checkers who are people with experience using services or have supported people who have used services. The report from quality checkers commented on how the registered manager led by example and stated they were impressed by her attitude. There were suggestions about the need to provide a more visually stimulating environment, supply more sensory equipment and offer more home based activities such as crafts.

Discussions with the registered manager identified that the past year had been particularly challenging for the service, as staff were supporting people with complex needs. The registered manager told us that the staff team listened to the advice from health and social care professionals and comments from staff

demonstrated that they were aware of the areas where they needed to improve. For example, two members of staff told us they knew that psychology observations had shown there were times when people were not being fully engaged with and these findings had made them wish to improve their practice and develop new ways of working. The registered manager told us about a project that the service was involved with which involved working with speech and language therapists to find ways of improving staff interactions with people, and expressed that she was keen to receive external professional support.

The registered manager appropriately informed the Care Quality Commission of notifiable events, as required by legislation. Accident and incident reports were reviewed for any trends or ways to improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not consistently ensure that the risks to people's health and safety were assessed. 12 (1) (2) (a)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality checking arrangements did not consistently assess, improve, monitor and sustain the quality of experience of people who use the service 17 (1) (2) (a)