

West Sussex County Council

Tozer House

Inspection report

Tozer Way
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Tozer House is a residential care home providing personal care and accommodation for up to 15 people. At the time of the inspection 13 people were living at the service which included people who lived at the service long term and some people who were supported for short stays and respite placements. Tozer House is a West Sussex County Council specialist in-house residential service supporting people who have learning disabilities, autism spectrum disorders and/or physical disabilities.

Tozer House was built and registered with the Care Quality Commission as a residential home before Registering the Right Support guidance was produced. The principles of this guidance reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. Tozer House is located close to Chichester town centre which provided people with opportunities to access the local community and people using the service received planned and co-ordinated support. The home is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by offering accommodation across two separate houses on the same site where people have their own bedroom and access to a shared lounge, kitchen and bathrooms in each of the houses. The building reflected the surrounding residential area and staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Risks to people were not always identified or appropriately managed. We observed staff did not always follow risk management plans in place which placed a person at risk of harm. Environmental risks and fire safety measures were not always managed in line with the provider's policy. People received their medicines safely, however management of people's prescribed topical creams could be improved. There were clear safeguarding procedures in place to protect people from the risk of harm. People and their relatives told us they received safe care.

Systems to monitor the quality of the service and ensure all records were complete and accurate were not always effective. Audits did not identify the issues highlighted in this inspection report. There was a clear management structure in place, and people and relatives we spoke with told us they had good relationships with staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. We received positive feedback from professionals that the service worked well with other organisations. People were supported to maintain their health and wellbeing. People enjoyed the meals provided and were offered foods to encourage a varied diet.

People were encouraged to engage in activities and some people accessed day services and clubs to promote their social networks. People's communication needs were fully considered, and people has access

to information that was accessible and meaningful to them. People's care plans were person-centred and capture their likes, dislikes and preferences.

We observed people and staff had developed positive relationships, and staff treated people with compassion, kindness and respect. People's independence was promoted where possible, and people and their relatives were encouraged to be involved in their care.

The service applied the principles and values of Registering the Right Support. These ensure that people who use the service can live as full a life as possible. Most outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 08 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches of regulation on this inspection. This related to safe care and treatment, and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our responsive findings below.

Requires Improvement ●

Tozer House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Tozer House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service. Where some people's needs impacted their ability to communicate or provide feedback on the care they received, we observed interactions and engagement

between people and staff. We spoke with the registered manager, two senior managers, care, domestic and catering staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from five health and social care professionals who have had recent or regular contact with the service and spoke with three relatives and three care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- During the inspection we observed one occasion where staff had failed to appropriately follow a person's diet and nutrition care plan. We observed food offered did not comply with the person's prescribed modified diet and risk management plan. We spoke with two staff during the observation who were not clear if the food offered was suitable. This placed the person at an increased risk of choking. We raised this with the registered manager who took immediate action to address this.
- Where a person was supported to maintain their safety using bed rails, the service had not considered the potential risks posed by this equipment to the person. There was no procedure in place of steps staff should take to reduce the risk of entrapment. We reviewed the person's care plan which contained no information regarding the use, safety or ongoing monitoring of bed rails. Therefore, we could not be assured this equipment was used safely and in line with the manufacturer's and national guidance.
- Fire risks were not effectively managed. For example, people who received support for short stays did not have personal evacuation plans in place. Six monthly fire drills had not been completed as per the provider's policy since September 2018. An updated emergency evacuation protocol for night staff was not easily accessible for staff to follow. Required emergency lighting tests had not been completed consistently. This meant people were at increased risk of harm in the event of fire.
- Where maintenance works were being carried out on two radiator covers, both radiators were left uncovered without the consideration of potential risk this posed people. The provider took immediate action to address this and assure people's safety.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Review of other people's care records demonstrated risks to people were considered and had appropriate management plans in place. Assessments of risk included clear steps staff should follow to keep people safe.

Using medicines safely

- Where people required support to manage the use of prescribed topical creams, opening date labels were not always used to ensure these were managed in line with the manufacturer's advice. The registered manager took immediate action to address this before the end of the inspection.
- Where people's medicines were stored in their bedrooms, there was no formal protocol in place to assess and monitor the temperature of the room. The registered manager addressed this immediately and

formalised actions staff should take in the event of warmer temperatures being reached. Where medicines were stored in the medicine's cupboard, regular monitoring and recording of temperatures were in place.

- People were supported to receive their medicines as prescribed by staff who were appropriately trained. The registered manager completed annual reviews of staff competency in line with best practice guidance.
- Where people had medicines prescribed on an 'as required' basis, for example pain relief or topical creams, protocols were in place to provide information to staff on how and when these medicines should be administered.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us, "I feel safe with staff in the house, there is staff here at night too." Another person said, "My room makes me feel safe." A relative commented, "[Loved one] is definitely safe, I know this because he would tell us [if he didn't feel safe]."
- There were appropriate systems in place to protect people from abuse. This included good communication with the appropriate professionals within the local authority and health commissioners to ensure people were protected from abuse.
- Staff we spoke with knew how to raise concerns with the registered manager and senior care staff. Staff were confident appropriate action would be taken to ensure people's safety and knew how to escalate any concerns as necessary.

Staffing and recruitment

- There was a clear recruitment pathway for new employees. This included disclosure and barring service (DBS) checks for new staff before commencing employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in health and social care.
- There were enough staff deployed to provide safe care. A staff member told us the home was, "steady and settled with long term staff with experience". Staffing rotas were generated in advance and overseen by senior staff.
- Where the provider required the use of agency staff, the registered manager ensured staff provided were appropriately skilled to meet people's needs.

Preventing and controlling infection

- Staff had access to personal protective equipment such as disposable gloves and aprons, and we observed staff used these consistently when providing care to people.
- Staff received training in infection control and food hygiene.
- There were designated domestic staff who were responsible for maintaining different areas of the home and completing cleaning records when delegated daily, weekly and monthly routines were complete.

Learning lessons when things go wrong

- The registered manager maintained oversight of all accidents and incidents at the home. This enabled them to identify potential patterns, themes or trends at the service and take appropriate action. For example, they identified a higher number of medicines errors occurred in the mornings. The registered manager implemented protected time in the mornings without taking phone calls or deliveries to reduce distractions for staff administering medicines.
- There were regular meetings with managers from the provider's other residential services to share information, advice, safeguarding and best practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and professionals feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager worked in collaboration with the local authority commissioners and other professionals to ensure people were suitably accommodated at Tozer House.
- People's needs for care and support were assessed by the local authority and the registered manager reviewed this information prior to the delivery of care to ensure that people's needs could be appropriately met.
- Where people accessed the service for short stays, the registered manager encouraged people to attend for introductory visits to allow them to familiarise themselves with people and staff.

Staff support: induction, training, skills and experience

- Systems were in place to ensure new care staff were supported to gain confidence and knowledge which included shadowing more experienced staff. One staff member said, "You have no shift's without induction training and shadowing even though I am experienced. I found it to be a good and supportive experience, I really liked [the registered manager] asking if I was ready, my induction was led by me."
- Staff had access to a range of training opportunities suitable to their role which was updated in line with the provider's policy. Newly recruited staff were supported to complete the provider's corporate induction programme which was in line with the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Rota's considered staffs skill mix and ensured people and staff had access to advice and guidance from a designated senior staff member leading the shift.
- Staff consistently told us they felt supported. However, we reviewed supervision records which demonstrated not all staff received their supervision in line with the provider's policy. The registered manager was aware of this and had arranged for an additional staff member to complete supervision training to address this.

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

- People told us they enjoyed their meals. Comments included, "We have nice food, I like the shepherd's pie on the menu" and, "The food is good, we get to choose."
- Aside of our findings detailed in the safe domain, we observed other people at the home had access to appropriate support to manage their nutritional needs. Where people had recommendations in their care plans from speech and language specialists, this was clearly recorded and detailed how staff should support people to manage any prescribed dietary advice.
- We received positive feedback from a diet and nutrition professional who praised the registered manager

and staffs' approach to managing a person's dietary needs. This included exploring alternative strategies to maintain their independence, whilst managing associated risks.

- People were given choice of meals, and alternatives could be provided if people did not like what was on offer. Staff knew people's likes and dislikes. People could choose where they would like to eat their meals, including in the communal dining area or their own house.

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

- People's care plans included detailed information on how staff should support them to meet their health needs. This included person centred information contained in individual health action plans which were reviewed with the GP, dental passports and hospital passports. This information could be shared when people accessed health services to provide a summary of people's needs and support they required.

- There were clear records of people's health care appointments in their care plans. This ensured people were supported to receive relevant, timely support when needed such as regular dental check-ups and GP appointments. One person told us, "I am fit and healthy, staff take me to the Doctor."

- We received consistently positive feedback from professionals that people received effective care and support to meet their needs. A healthcare professional commented, "The care given has extended the lives of many [people] both in quality and duration", and a social care professional said, "I have only ever seen and heard positive conversations and actions when visiting Tozer House and feel confident people are holistically cared for."

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

- The layout of the environment offered people opportunities to engage in small groups within their individual house or as part of a larger group of peers within the communal dining area. We observed people moved freely around the service and enclosed garden area.

- There was a shared bathroom in each house which was not conducive to meet people's needs and therefore not in use. The registered manager discussed that the service had secured funding to convert these into wet rooms and planning of the works was underway. People could, however, access communal shower rooms and had wash basins in their room.

- Signage was used appropriately to support people to navigate the building. For example, we saw people had pictures of things they liked to identify their bedroom door and promote their independence.

- People's bedrooms were personalised and reflected their interests and personalities.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people had been assessed by professionals as lacking capacity to consent to their care and

accommodation, records demonstrated the registered manager made relevant applications to the local authority. This ensured where people's inability to consent to their living arrangements had the potential to deprive them of their liberty, the appropriate authorisations were in place.

- We consistently observed staff sought consent when engaging and supporting people to complete tasks.
- Staff had a good understanding of mental capacity. Staff encouraged people to have choice in all aspects of their care and understood how to support people to make choices to have maximum freedom and control of their lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff had established positive relationships with people. Comments included, "staff are nice and kind", "staff are nice and caring, they help me", and, "staff are nice people."
- Relatives we spoke to told us staff supported people well. One relative said, "Staff are nice and chatty, they know the ins and outs of everything and managed [loved one] well." Another relative commented, "I'm very happy with the care [staff] provide, staff are all very kind and helpful, [loved one] is well looked after."
- Staff were motivated to provide person centred-care and spoke fondly of people they supported. Staff recognised the importance of treating people as individuals and enabling people to lead fulfilling lives. One staff member said, "I enjoy seeing [people] happy, doing what they want to do and enjoying life." Another staff member commented, "I love my job, working with people with a learning disability is about building trust, their trust in you and the working relationship you get with people."

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

- People were encouraged to participate in decision making around their care. This was supported with regular residents' meetings to provide opportunities for people to contribute their views. The registered manager told us the size of group meetings had recently been reviewed and changed into two smaller resident groups to encourage more people to express their views.
- Relatives we spoke with told us they had good communication with staff and were kept informed and involved in their loved one's care. One relative commented, "If I have any queries I ring up and we have a talk and whatever it is they sort it out".

Respecting and promoting people's privacy, dignity and independence

- There was a keen sense of celebrating people's successes, which were shared through the resident's information board to value people's contributions and achievements. Staff encouraged people to feel valued and have a sense of purpose in their daily routines.
- People were encouraged to remain as independent as possible and care plans directed staff to support people from a strength-based perspective. For example, a person was supported to use a paging system overnight to enable them to maintain their independence and dignity and access support when required.
- A social care professional spoke positively of the approaches staff used when managing a person's changing needs. They said, "The staff are always very respectful of [person's] needs and allow [person] to make choices on how they want to live their life. They support [person] accessing areas of their home safely and try, when possible to promote [persons] independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Where people required reassurance and behaviour management approaches staff were responsive and readily available to offer emotional support.
- A health care professional commented, "[People] are treated on an individual basis using a holistic approach, identifying limitations and capabilities."
- People's care plans were person centred and detailed people's likes, dislike and how they liked to be supported. For example, care plans captured "Things that are important to me" and included detail on how people would like their social, emotional and physical needs met and the levels of support they required to achieve this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a strong emphasis on people having accessible information. The registered manager was passionate in exploring ways of sharing information with people in a meaningful way and promoted inclusion. This included the use of picture exchange communication systems (PECS), objects of reference, easy read information and Makaton where this was appropriate.
- People were supported where appropriate to anticipate their activities through individual communication systems such as visual timetables.
- People were informed of staff on each shift through a pictorial staff planner in the communal areas of the home.
- To assist people at meals times, people had personalised place mats which people had chosen to reflect a picture of their interests.
- People's care plans included detailed information on their individual communication needs and how staff should support them to engage.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had established meaningful relationships with their peers. We received comments such as, "I am happy living here, I have friends here", and, "I like living here, I get on with people better."
- The registered manager discussed the importance of people have opportunities to build on their social networks. This was supported by people accessing day services and clubs throughout the week. Where this

was not suitable for people, the registered manager had liaised with commissioners for people to access additional funding to engage in one-to-one support.

- People's relationships with their families were valued and staff supported people to stay in contact with people important to them.
- Tozer House is situated near Chichester town centre which enabled people to have access to the local community. One person told us, "Staff take me out on walks and in the car." However, some staff felt an increase in staffing levels would enable people to have greater opportunities to engage in the local and wider community. This was reflected in the 2019 staff survey feedback and the registered manager was exploring this further.
- Staff supported people to engage in activities in the home. This included arts and craft, self-care and sensory activities. People could also participate in activities provided through an external organisation for music and dance. A professional commented, "[People are], encouraged to socially integrate within the home and at the [day] centre, clubs and discos."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. This included an accessible easy read format for people using pictures and symbols. Feedback from the 2018 and 2019 annual survey reflected people felt they did not always know how to raise a complaint. In response the registered manager had generated an action plan to support people to build their understanding around this which was under review.
- Where concerns had been raised, these were appropriately recorded, and records demonstrated steps that had been taken to respond in line with the provider's policy. As the provider is a local authority people and their relatives could access advice and guidance on raising complaints at the service or through the local authorities' complaints department.
- A relative told us, "If [loved one] is upset I ring [staff] and they sort it out, [Loved one] is able to tell them when he's not well or unhappy and they will do something about it."

End of life care and support

- The registered manager recognised that supporting people and their relatives to consider end of life care planning at the service was an area for further development. To support this, feedback on end of life care planning was incorporated in the 2019 survey, however this area received no responses. As a result of this the registered manager told us they planned to explore this further with people and their relatives and were reviewing ways to approach this as part of people's annual reviews.
- No one using the service was receiving end of life care, however the registered manager and staff worked closely with commissioners and key professionals when it was identified that people's needs changed to ensure they received the right support at the right time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Systems and processes were not always effective to monitor and support the delivery of high-quality, person-centred care.

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

- The provider had a range of quality assurance systems and processes in place to monitor and review the overall delivery of people's care and the service provided, however these were not always effective in identifying concerns we found in the safe domain at this inspection.
- Where quality monitoring and required environmental checks were completed by the provider's internal maintenance department, communication was not always effective. For example, we reviewed a legionnaires risk assessment report completed in June 2019 which identified a range of recommended actions to be completed to ensure the service met their requirements, records did not detail what and if any action had been taken. This meant the registered manager could not always be assured required tasks were complete or that the service was safe.
- Following the inspection, the registered manager provided updates on measures that had been taken or were underway to ensure the service was safe.
- Where staff supported people to meet their needs in their best interests, records were not always in place or easily accessible to demonstrate how decisions had been reached, who was involved, and what other options that had been considered. The registered manager took immediate action to address this, however the provider's systems had not identified this gap.
- Audits of a person's care records were not effective to ensure staff had access to up to date information and guidance. For example, where their mobility needs had changed, care records did not reflect up to date guidance from the provider's moving and handling advisor. Care records did not contain information on equipment prescribed by the district nursing team. Records for monitoring the persons fluid intake were not consistently completed.
- Medicines audits were completed regularly, however systems in place were not robust enough to ensure people's prescribed topical creams were always managed in line with the manufacturers guidance.

The provider's governance systems were not always effective and failed to consistently assess, monitor and drive improvement in service delivery and ensure all records relating to people's care were up to date and contemporaneous. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear management structure in place. Staff understood their roles and responsibilities. They worked well together as a team and were flexible in their approach to meeting people's needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted an open and transparent culture within the service and staff told us they felt comfortable raising any concerns. A social care professional commented, "The [registered] manager is supportive of her staff and she runs the team to ensure staff feel their points of view and knowledge is valued."
- Feedback from staff confirmed this and one staff member told us, "I feel we have [a strong senior team], and management are behind us. [The registered manager] is up for our ideas and new approaches."
- There was a strong person-centred culture that fed down from the registered managers values. We observed people regularly sought out interaction and engagement with the registered manager and relationships were positive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of their duty of candour requirements. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager actively encouraged people to value culture and diversity. This was supported by staff sharing their cultural background on a map of the world and highlighting things that were important to them. This encouraged people to ask questions and explore different cultures and beliefs.
- The provider encouraged feedback from people, relatives and professionals through individual's annual reviews, annual surveys and residents and relatives' meetings. Where ideas or improvements were identified we saw actions taken in response to people's views.
- For example, some people had an interest in animals, the registered manager told us they had contacted a local dog kennel and were exploring ways people could engage and work alongside community resources.

Continuous learning and improving care

- The registered manager told us the provider offered support for continuous improvement and innovation, such as the support of a quality lead who supported the sharing of learning across the organisation.
- Senior management meetings were held regularly which encouraged organisational learning and development.
- As part of the services contract monitoring with commissioners, monitoring visits were completed to review the service and the delivery of people's care. We reviewed reports which demonstrated where improvements were highlighted, action was taken in response to feedback. For example, the visit in July 2019 identified the level of detail recorded for accidents an incident could be improved. We saw systems were reviewed to capture additional information to enable the registered manager to more easily identify themes and trends.

Working in partnership with others

- We received consistently positive feedback from health and social care professionals that the registered manager promoted good partnership working. One social care professional told us, "[Registered manager] based on my experience is a very competent, helpful, responsive professional. [Registered manager] works really well with social workers, her communication is excellent, and I respect her views on issues."
- People's care records demonstrated professional advice, guidance and expertise were regularly sought

when appropriate to promote better outcomes for people receiving care.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met: Medicines were not always effectively managed to assure people received their medicines safely and as prescribed.</p> <p>Regulation 12(1)(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met: The failure to maintain securely an accurate, complete and contemporaneous records for each person and operate effective governance processes to ensure compliance with regulations.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>