

Silverlea Care Home Limited

Silverlea Care Home Limited

Inspection report

3 First Avenue
Bradford Moor
Bradford
West Yorkshire
BD3 7JG

Tel: 01274663201

Date of inspection visit:
26 April 2018

Date of publication:
20 June 2018

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

The inspection took place on 26 April 2018 and was unannounced. This was the first inspection of Silverlea Care Home since the provider of the service changed in 2017.

Silverlea 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. Silverlea accommodates up to 35 people in one adapted building spread over three floors. At the time of the inspection, 16 people were living in the home.

A registered manager was in place. 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.

People, relatives and health professionals spoke positively about the way the service was managed. They said people received good care that met individual needs. People and relatives said staff were kind and caring and this was confirmed through our observations of care and support.

However, the service needed to better access and work to recognised guidance in a number of areas to develop the service. For example, some improvements were needed to medicines practices. Improvements were needed to documentation to fully evidence compliance with the requirements of the Mental Capacity Act (MCA). We made a recommendation in relation to ensure evidence of compliance with the Mental Capacity Act (MCA).

Overall, we found there were enough staff to meet people's individual needs, although a review of staff deployment at mealtimes was required to ensure people received consistent support. Safe recruitment procedures were in place.

People were protected from abuse living in the home. Risks to people's health and safety were assessed and plans put in place to help keep people safe. However we identified some safety concerns with the premises which needed addressing.

People's nutritional needs were assessed and met. Some improvements were needed to the mealtime experience. People's healthcare needs were assessed and plans put in place to meet their needs. The service worked effectively with a range of health professionals.

People's independence was promoted and encouraged by the service. People were treated with dignity and respect.

The service was compliant with the requirements of the Deprivation of Liberty Safeguards (DoLS).

People's care needs were assessed and plans of care put in place. Some of these needed to be more detailed to demonstrate a full assessment of people's needs had taken place. We made a recommendation regarding ensuring a comprehensive assessment of people's needs was carried out.

People had access to basic activities living in the home and the service helped people maintain links with the local community.

A system was in place to listen and respond to any complaints.

Checks were undertaken by the service to monitor how it was operating. However these needed making more robust, so they identified a greater range of improvement areas.

Some mechanisms were in place to seek and act on people's feedback but these were rather limited.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations. You can see what action we asked the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People received their medicines as prescribed, however some improvements were needed to working practices to ensure medicines were consistently managed in a safe way.

Risks to people's health and safety were assessed and plans of care put in place to keep people safe. Some improvements were needed to the building safety.

Overall there were enough staff deployed to ensure safe and appropriate care. Safe recruitment procedures were in place.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff received a range of training and were knowledgeable about the people they were supporting.

People's nutritional needs were assessed and met but some aspects of the mealtime experience could have been improved.

The service was compliant with the requirements of the Deprivation of Liberty Safeguards (DoLS) but needed to improve documentation to demonstrate it was consistently meeting the requirements of the Mental Capacity Act (MCA).

The service worked with a range of health professionals to ensure people's healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and treated people with dignity and respect.

Staff knew people well and had developed good relationships with them.

People's independence was promoted and encouraged.

Is the service responsive?

The service was not consistently responsive.

People said they received good care. People's care needs were assessed. Some care plans needed further information adding to demonstrate a comprehensive assessment of people's needs had been carried out.

People had access to some activities and links were developed with the local community.

A system was in place to listen to and respond to concerns and complaints.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

People, relatives and staff praised the way the service was managed. We found a positive and open culture within the home.

Systems to monitor and check the service were in place but some of these needed to be made more robust to ensure the service consistently met the required standards and followed recognised best practice guidance.

Some systems were in place to seek user feedback although these needed further development.

Requires Improvement ●

Silverlea Care Home Limited

Detailed findings

Background to this inspection

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

The inspection took place on 26 April 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send us by law. We also spoke with the local authority commissioning and safeguarding teams to ask them for their views on the service and whether they had any concerns. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people who used the service, three relatives, the registered manager, the deputy manager, the cook and three care workers. We looked at elements of four care records of people who used the service, three staff recruitment files, training records, medicines records and other records relating to the day to day running of the service. We also spoke with two health and social care professionals who work with the service.

Is the service safe?

Our findings

Overall we found people were receiving their medicines when they needed them, although some improvements were needed to help ensure consistently safe practice. People who used the service said they received appropriate support with medicines. One person said, "I get my medicines from staff at the right times" and another person said, "I get painkillers when I need them." Senior staff took responsibility for administering medicines and we saw them doing this with patience and kindness. We spoke with a senior care worker who confirmed they had received relevant training. The senior care worker demonstrated a good knowledge and understanding of the support people required.

We looked at a sample of Medicine Administration Records (MARs) which were well completed and indicated people had received their medicines as prescribed. People received medicines at the times they needed them and the service supported people to have an annual medicine review with their GP. Stock checks were regularly conducted to identify any discrepancies or errors.

Improvements were needed regarding practices for the administration of topical medicines such as creams. Whilst MARs for these were well completed, care workers applied these creams and the senior care worker completed the MAR afterwards. The person applying the cream should make a record at the time of administration to reduce the risk of errors and ensure accurate documentation.

Medicines were stored securely within locked cabinets to help prevent misuse. However the temperature of storage areas was not monitored to ensure it was maintained within safe limits. We found it was very warm within the home, above 25c which is the maximum temperature storage for some medicines.

Some people were prescribed medicines to be given 'as required.' Although the senior staff member were clear when these should be given, there were a lack of protocols in place detailing when to offer to people, increasing the risk of inconsistent use. We spoke with the registered manager and were given assurance this would be addressed.

People were kept safe from abuse and improper treatment. People who used the service told us: "Yes, I feel safe here" and "I feel safe because they never get anyone that's not right for this place." Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager, the safeguarding team or CQC. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe. The registered manager held some money for safekeeping on behalf of people who used the service. A system was in place to make sure people were protected from any financial abuse.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, skin integrity, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise the risk. For example, mattresses had been upgraded when risk assessments had identified an increased risk

of the person developing pressure ulcers.

We had some concerns over the fire safety in the premises. Fire doors were not closing securely into the frames, some items of furniture did not have fire resistant tags on them and the second floor landing was being used for storage. Fire alarms were tested on a weekly basis but the fire doors had not been checked since January 2018. There were 16 people using the service on the day of our visit, however, there were only 15 personal emergency evacuation plans (PEEPS) in place. This meant in an emergency situation this information would not have been available for one person. Following our visit we contacted West Yorkshire Fire and Rescue service to make them aware of the issues we had identified.

We looked around the building and found the window restrictors in three bedrooms had been taken off. This meant windows could be fully opened and posed a risk to people falling from a height. This was brought to the attention of the registered manager and repairs were made whilst we were in the home. However, the window restrictors in use were not suitable as they could easily be disabled and needed to be replaced. These risks should have been identified and rectified through the operation of systems to assess, monitor and mitigate risk in the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home was clean, tidy and odour free. People who used the service and relatives told us this was always the case. Staff had access to personal protective equipment, such as gloves and aprons and they were using these appropriately. We did note some surfaces could not be effectively cleaned due to damage. For example, there were some ripped chairs in one of the lounges. The service had been awarded a five star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way. We concluded there were enough staff to care for people safely and to keep the home clean. However, the registered manager needed to look at staff deployment at mealtimes to make sure people got individualised support from staff. People who used the service told us they felt there were enough staff on duty generally. However, they did say at some mealtimes staff could be, "rushed off their feet." We agreed with their observations because at lunchtime we saw care workers had to break off assisting people with their meal to support other people who used the service. We asked the registered manager to review how staff were deployed at mealtimes to help improve the mealtime experience.

Staff we spoke with told us there were enough staff on each shift to ensure people's needs were met. The registered manager told us staffing levels could be increased if people's needs changed and this was confirmed by staff. The registered manager and deputy manager worked five days a week in addition to the care staff. The care team were supported by housekeepers, chefs, an activities co-ordinator and a handy person.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. People spoke positively about the staff working at the service. Staff demonstrated a commitment to caring and looking after vulnerable people.

Incidents and accidents were recorded and we saw measures were taken to improve the safety of the service. However incident and accident records needed better organisation. Some incidents were recorded on the incident log whilst others were not, making the monitoring of themes or trends difficult. We saw

evidence that lessons had been learnt following incidents; for example, following a couple of security incidents, building security had been improved.

Is the service effective?

Our findings

People were not offered a place at Silverlea unless the registered manager was confident staff could meet their needs. Needs assessments were completed by the registered manager or deputy before people moved into the home. The assessment considered people's needs and choices, the support they required from staff and any equipment they may need. A visitor we spoke with confirmed their relative had been assessed before moving in. People, relatives and health professionals said needs were met by the service.

The service needed to establish effective mechanisms to ensure it kept up-to-date with best practice and the latest developments in care. For example, the service needed to incorporate recognised guidance such as National Institute for Health and Care Excellence (NICE) and best practice with regards to the Mental Capacity Act (MCA) into policy and working practices. The management team told us they were to start attending meetings with other homes owned by the same provider to share best practice.

Staff turnover was low and people were cared for by a consistent staff team. Health professionals remarked how this meant staff were very knowledgeable about the people for whom they were caring. Existing staff received a range of training updates to enable them to complete their role. This included topics such as manual handling and training provided through health professionals such as Tissue Viability training. The deputy manager was looking to further enhance the training provided to staff in areas such as diabetes.

New staff received an induction to the service. The deputy manager told us that they were looking at providing the Care Certificate to a new staff member without previous care experience. This is a government-recognised training scheme, designed to equip staff new to care with the required skills for the role. However there had not been a prior need for this as most staff had extensive experience and had worked at the provider for a long time.

Staff received supervision and appraisal, although supervision needed bringing up to date. For example, a number of staff had not received formal supervision since October 2017 despite the deputy manager saying it should be provided every 6-8 weeks.

People's nutrition and hydration needs were met. People who used the service told us meals were good. Their comments included, "The food is nice, there is plenty to eat and drink", "The food is very nice, whatever they bring it's nice", "The food is lovely", "You can have a cooked breakfast if you want. I had one and it was delicious" and "Food is very good, staff are excellent."

However some aspects of the mealtime experience could have been improved. For example, staff broken off from assisting some people with their meals and one person was supported by three different staff members whilst eating and drinking. Another person was brought their hot dessert whilst still eating their main course. This resulted in them eating it 35 minutes after it arrived at the table, by which time it was no longer warm.

The food looked tasty and appetising and people had a number of choices each day. There was a four week

cycle of menus in operation which offered choice and variety. The chefs also catered for any special diets or people's personal preferences. For example, one person did not eat potatoes or vegetables. At lunchtime instead of having potatoes and vegetables with their gammon they chose to have an egg. Low sugar meals were prepared for people with diabetes, demonstrating the service made reasonable adjustments to meet people's specific needs. Hot and cold drinks were readily available throughout the day together with biscuits and homemade cakes.

Nutritional risks were monitored by the service. We looked at the care records for one person who had been assessed as being nutritionally at risk and saw their weight was being monitored closely and was reasonably stable.

The healthcare needs of people who used the service were being met. People who used the service told us they had access to health care and if they felt unwell they would speak to staff. They told us they had been seen by a variety of health care professionals including GPs, district nurses, dentists, opticians and podiatrists. The care records we looked at confirmed this. We spoke with two health care professionals who visited the service. They both said the service was good at understanding and meeting people's needs, listening to advice and referring people to them if they had any concerns. One professional said, "Staff are very helpful; they have a good understanding of each patient; know each person and their problems."

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 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).

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 were being met. The service had made appropriate DoLS referrals for people who lacked capacity and they thought were being deprived of their liberty. At the time of the inspection there were no DoLS in place with a number awaiting assessment by the local authority.

People were asked consent before care and support was provided, however formalised consent to plans of care had not always been recorded in the care files we reviewed. Where people lacked capacity to make important decisions for themselves, clearer information assessing their capacity and showing that decisions had been made in their best interest needed to be recorded.

The registered manager or deputy did not know if any relatives or representatives had lasting power of attorney (LPA) in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPAs can be put in place for property and financial affairs or health and welfare. This meant they did not know the level of control people's representatives had over people's affairs.

We recommended the provider accesses guidance on the Mental Capacity Act (MCA) to ensure documentation fully demonstrates compliance with the legal framework of the MCA.

People had access to suitable amounts of communal space in which to spend time. Bedrooms were tastefully decorated and suitable for their purpose. Décor and furnishings in some of the communal areas

required work to maintain a high quality environment.

Is the service caring?

Our findings

People were cared for by a consistent staff team. This meant staff were familiar with people and their needs and allowed good, positive relationships to develop. People and relatives we spoke with all made very positive comments about staff being kind and caring. Their comments included, "The staff are kind and very good", "All of the staff are nice and kind", "Staff are always very helpful and very pleasant" and "All of the staff are very nice, kind and patient." A health professional said, "A lovely home, lovely bunch of staff, on the ball." Relatives told us they could visit at any time and were made to feel welcome. They said they were always offered a drink or felt able to ask for one.

People looked relaxed and comfortable around staff. There was a calm, friendly atmosphere and we saw staff took time to chat with people as well as completing care-based tasks. Staff demonstrated to us good caring values and a dedication to provide comfortable and person centred care and support to people.

People who used the service told us birthdays were celebrated with a party. One person told us there was always a fabulous buffet put on which they enjoyed. Relatives had also sent letters complimenting the service about this; for example, 'Thank you for making [Name's] birthday so special' and 'On behalf of [Name] thank you for a lovely party.'

Some information was recorded about people's past lives and histories within care records but this was not consistently the case. However, staff demonstrated a good knowledge of the people they were supporting, their likes and preferences.

People were treated with dignity and respect and were being encouraged to be as independent as possible. These were some examples; one care worker told one person how smart they looked, as they knew their personal appearance was important to this person. Another person was being encouraged by staff to walk with their walking frame and being given a lot of reassurance about how well they were doing. Staff knocked on doors before entering and were careful in ensuring confidentiality when discussing people's health or personal care. People's bedrooms were highly personalised and individual. There were lots of personal possessions such as ornaments, photographs and items of furniture. Clothing had been put away tidily in wardrobes and drawers which showed staff respected people's possessions. Care records demonstrated that promoting people's independence was a key feature of care and support plans.

We saw evidence people's views and opinions were respected and sought on a daily basis. The management team were 'hands on' and people said they knew them well. People said they listened to any concerns or issues they had and acted on them. During the inspection we saw people's requests were listened to and acted on by staff. However, care records did not demonstrate people were fully involved in care plan review. We spoke with the management team about this and they agreed to ensure this was evidenced better in the future.

Staff supported people to hospital and other appointments. The service had use of a mobility car owned by the provider to help ensure people could be taken to and from appointments with minimal stress or delay.

This demonstrated a caring service

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and visitors demonstrated that discrimination was not a feature of the service.

Is the service responsive?

Our findings

People, relatives and health professionals said care needs were met by the service.

People's care needs were assessed prior to moving to the service. This helped the service determine whether they could meet people's individual needs. People's care plans followed a standardised format which made it easy to find relevant information quickly. They contained detailed information about the care and support each individual required from staff. For example, we saw one person was a diabetic. A detailed care plan was in place which explained to staff how to manage their diet so they could have some 'treats.' However, some care plans were missing information to demonstrate that a full assessment of their needs had been carried out. For example, the management team told us one person who used the service who had a diagnosis of dementia and displayed behaviours that challenge. Whilst the advice of external health professionals had been sought, there was a lack of assessment of their vision, hearing, social activities and lack of information on their likes/preferences, biography/life history. These care plans were in place for some people but not for this person. The National Institute for Health and Care Excellence (NICE) Guidance CG42 'Dementia: supporting people with dementia and their carers in health and social care' states; 'where people display behaviours that challenge a comprehensive assessment should be carried out including physical health, biography, psychosocial factors and activities and interventions planned which met the person's likes and preferences.'

We recommend the provider consults recognised guidance to ensure care planning consistently includes a comprehensive assessment of people's care needs.

Care plans were subject to regular review. However, there was a lack of evidence people and their relatives had been fully involved in the review of people's care.

We looked at how the service met the accessible information standards. There was no accessible information policy in place and the management team had not attended any training in relation to this standard and best practice. People's care plans gave some information to staff about people's individual communication needs. However, in two people's care records clearer information was needed about their sight loss and how to support them appropriately. The deputy manager told us they could make information available in other formats if this was required, such as information in large print. We concluded more information could have been recorded in accessible formats; for example, details of activities and the menu to promote understanding amongst people.

A health professional we spoke with said the service provided good end of life care. Care plans had the provision to document how people wished to be cared for at the end of their life. One we looked at contained a lot of information about the care to be provided, but very little about the wishes they had expressed. We discussed this with the deputy manager and they agreed this was an area which needed to develop. However, from discussion it was clear they knew people well and what they would like. For example, the deputy manager explained one person had loved red balloons. When they had passed away and the funeral cortege left the home the service had released red balloons as a tribute to this person.

We saw staff had received a number of compliments from families for the end of life care they had provided. These were two examples; 'Thank you for making the last weeks of [relative's] life so happy. Thank you for treating [person] with such dignity and love in [person's] last few days. It means so much to me and will never forget it. Thank you for welcoming us, caring for us and always treating us with such love' and 'Silverlea were wonderful in caring for [Name] and us. [Name of Registered Manager] was so supportive and excellent in [person's] end of life care. [Person] could not have had better care in a hospice in [person's] last few days.'

A plan of activities was in place, although we looked at the activities programme and saw it was quite limited. One staff member told us they thought a greater range of activities would benefit people who used the service.. The activities co-ordinator worked on week days from 1:00pm to 4:00pm. However, they were on annual leave on the day of our visit. People who used the service told us there were some activities on offer, such as, dominoes, arts and crafts, ball games and quizzes. Staff told us exercise sessions were held at the home with an external provider and an entertainer visited the home regularly. The deputy manager told us the activities co-ordinator was relatively new and was trying to develop the activities programme.

One person told us they went out to a day centre, twice a week, with another person who used the service. They told us how much they enjoyed these sessions. A visitor told us their relative had been offered the opportunity to attend but had so far declined. Links with two local schools had been made, with children visiting the service to provide activities and entertainment. The deputy manager told us pupils from one school had invited people who used the service to visit their school. This had not yet been arranged. The service supported people to access other events and day centres in the community.

The front of the home overlooked a large park. People who used the service told us in nice weather, staff would take them out for a walk around the park. A relative said there was seating at the front of the building they used in nice weather.

The complaints procedure was on display and people who used the service and relatives told us they would raise any concerns with a member of staff, but had not needed to do this. The deputy manager told us they had not received any complaints.

Is the service well-led?

Our findings

People spoke positively about their overall experience in the home. One person said, "Of all the places I have been this has to be the most satisfactory." They went on to describe staff as very kind and caring and said all their care needs were met. Health professionals we spoke with were also very positive about the home and said people received good care and support outcomes.

A registered manager was in place. They were supported by a deputy manager and a team of senior care workers. Staff were complimentary about how the service was managed and said they felt well supported and morale was good. The service was homely and there was a culture of kindness and openness amongst the staff and management team. Staff and the management knew people very well.

The management team told us of further improvements and development they wanted to make to the service, such as becoming a specialist in palliative care. We saw further training and development was planned with staff in specialist areas. However we saw there were currently limited mechanisms to keep up-to-date with best practice and legislation. For example, although policies and procedures were in place, there was no reference to current legislation or best practice within these. We saw some staff wearing rings containing stones. We looked at the service's infection prevention policy and this gave no information about what jewellery staff were permitted to wear. Wearing jewellery containing stones is considered poor infection control practice. Window restrictors in the home were easy to tamper with; recognised guidance should have been consulted about the correct type to use to mitigate the risk of falls from height.

Incidents and accidents were recorded and we saw some evidence of learning from incidents. However incident analysis needed to be carried out in a more meaningful way to ensure a robust analysis of all the incidents which took place each month and the preventative measures taken to prevent a re-occurrence.

Some systems were in place to monitor and check the service but further development of these were required. There were no provider audits conducted in the home to monitor the performance of the management team in carrying out their duties. Audits were carried out in a range of areas including cleaning, falls, maintenance and health and safety but these contained limited information on findings. For example, we reviewed the previous year's health and safety and infection control audits and found no issues or actions recordings, which did not match with our findings on the day of their inspection. For example, some improvements were needed to the environment and no care plan audits were carried out to ensure these contained the relevant documentation. This demonstrated that systems were not effectively operated to assess and monitor the service.

This was a breach of Regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations.

People views were sought annually through surveys. The last resident, relatives' and healthcare professionals' survey had been completed in July 2017 and we saw the results were extremely positive. Comments included; 'Staff are approachable, respectful and show compassion and empathy to service

users. Staff are diligent and have good knowledge', 'I always find staff friendly and helpful, but more importantly [relative] is happy here. [Person] feels cared for and supported and cannot compliment the staff enough' and 'I think the team is well-led.' People who used the service told us no residents meetings were held and the deputy manager confirmed this was the case. We spoke with the deputy

manager about how there were a number of people who could articulate their views and a meeting might be a good opportunity to help capture those views in a formal way. There was also a lack of sustained recording of people's views in relation to their care. However people did say they were happy and able to raise concerns with the management team who always had a visible presence within the home.

Staff meetings were held regularly where a range of quality issues was discussed, to help improve care practice.

The service worked with other agencies including the local NHS trust and local authority to help ensure people received co-ordinated care. One person who used the service attended a day centre and the service worked with that service to ensure the person was able to attend consistently.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 1,2 (a) (b) (f) HSCA 2008 (Regulated Activities) Regulations 2014; Good Governance</p> <p>Systems and processes were not identified to ensure risks were consistently assessed and mitigated.</p> <p>Systems were not fully in place to assess, monitor and improve the service.</p>