

Compass Care Homes Limited

Compass Care - South Park

Inspection report

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Compass Care - South Park is a care home providing personal and nursing care to a maximum of ten adults. The registered provider also operates a domiciliary care service for people.

The domiciliary care service offers care to people who live in the Bradford area. Two people using this service received support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The care home is based in two adjoining dormer bungalows, there were ten people were living at the home at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

A range of audits were completed within the home. These had failed to identify or address the shortfalls highlighted within the inspection report. Where an issue was raised in a staff meeting, minutes from the following meeting did not evidence if the issue had been resolved.

Environmental risks to people's safety and well-being were not always identified. Not all aspects of the home were clean. Medicines were managed safely although the senior care worker had to combine administering people's medicines as well as organising people's breakfasts. The recruitment of staff was safe.

There was a programme of induction for new staff and all staff received regular training. Although staff felt supported, they had not all received regular supervision or appraisal. People had access to other healthcare professionals as the need arose.

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; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The 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.

The relatives we spoke with told us their relations were happy living at Compass Care – South Park. We observed staff to be kind and caring. Staff treated people with dignity and respect. People right to privacy was respected.

Care records were detailed, and person centred. Daily records were electronic, they did not always accurately reflect the time people received support and information about their activities was not always included. Relatives were aware of how to complain should the need arise.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 June 2018), there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection not enough improvement had not been made/sustained and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment and governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Compass Care - South Park

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 team consisted of one inspector.

Service and service type

Compass Care – South Park 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 registered provider also operated a domiciliary care agency. It provides personal care to people living in their own houses.

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.

We visited the home on 18 and 24 June 2019. Telephone calls to relatives of people who used the service were made on 2 July 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who lived at the home. We spoke with five staff including the registered manager, a senior care worker and three care workers. We reviewed a range of records. This included three peoples care records and four peoples medicine records. We looked at four staff recruitment and supervision records and a range of records relating to the management of the home. Following the inspection, we spoke on the telephone with three relatives of people who lived at the home and one relative of a person who used the domiciliary service.

After the inspection

We requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection.

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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection we found provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found issues identified at the previous inspection had been addressed but we still found ongoing areas of concern, therefore the provider was still in breach of regulation 12.

- At our previous inspection we had identified some rooms were cold and some radiators in the home were hot to touch. The registered manager told us although some radiator guards had been purchased, they had not been fitted. They also told us no formal monitoring of room temperatures had been completed although evidence of random checks by staff on bedroom temperatures was submitted following the inspection. The records did not note the temperature recorded but simply stated 'The temperature was of a good level'.
- Since the last inspection, window restrictors had been fitted to the dormer bedroom. However, we noted restrictors were not in place on ground floor windows. We identified three windows which, when opened, would enable easy access from the outside into the home. This was rectified when we returned for the second day of the inspection.
- Regular, recorded checks on water temperatures were not always completed. Thermometers were not in the communal bathrooms. We asked the registered manager how staff ensured the water temperature was safe prior to people bathing or showering. They told us staff checked the water temperature by hand to ensure it was safe. A monthly check of hot water temperatures had not been completed since 4 April 2019. No checks were completed to ensure cold water temperatures were within safe limits to reduce the risk of Legionella bacteria multiplying.
- One person who lived at the home required an alternating pressure mattress to reduce the risk of them developing pressure ulcers. There was no information recorded to inform staff of the correct setting for the mattress and no checks were completed to ensure the mattress was set correctly.
- The registered manager was not able to evidence all staff had attended a recent fire drill. Following the

inspection we contacted the registered manager, they confirmed all staff had now attended a fire drill.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to evidence safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found recommendations from the fire officer, following a visit to the home in March 2018 had been addressed. The fire risk assessment was accessible and there was personal emergency evacuation plan in place for each person who lived at the home.
- Regular checks had been made by external contractors to ensure the premises and equipment were safe.
- Each of the care records we reviewed included a range of person-centred risk assessments.

Preventing and controlling infection

At our last inspection we found the premises and equipment were not always sufficiently clean. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12.

- We looked in some of the kitchen drawers and cupboards. We saw the cutlery drawer was visibly dirty and a pan cupboard was soiled. The inside of a kitchen bin was dirty and had some liquid at the bottom.
- In the laundry room we saw a red bag, containing soiled linen in the sink. A staff tabard and two tea towels had been placed on top of the red bag.
- We noted a plastic jug in a communal bathroom which was very discoloured. We found there were no paper towels in either communal bathroom or a communal toilet when we arrived at the home. One person had an en-suite toilet and sink in their bedroom, we saw the toilet had been used but there was no soap available for the person to wash their hands.
- Cleaning schedules were in place for the night staff and a day time domestic. Tasks included re-stocking paper towels and cleaning the kitchen. Records showed these tasks had not been completed on eight out of 24 days.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate hygiene and cleanliness was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. All the above issues had been addressed by the second day of the inspection, however, in light of our initial findings we shared our concerns with the infection prevention and control team.

Using medicines safely

- Medicines were administered by staff appropriately trained and competent staff.
- Accurate records of medicines were maintained.
- On the first day of the inspection we observed the senior care worker dispensing and administering people's medicines. This was done in a kind and caring manner. They took steps to reduce the risk of making an error, for example they checked the name and dose of each medicine prior to administering

them.

- Medicines were stored and dispensed from the kitchen. We observed the senior care worker administering people's medicines as well as organising people's breakfasts. We brought this to the attention of the registered manager at the time of the inspection.

Staffing and recruitment

- The recruitment of staff was safe.
- The registered manager had recently introduced a new initiative to involve a person who lived at the home in the recruitment process for new staff. We saw evidence of this in the most recently employed care workers personnel file.
- Relatives we spoke with did not raise any concerns regarding staffing numbers at the home.
- Staff told us there were busy periods during their shift, but they felt people were safe and their needs were met.
- There was a white board in the dining room. This recorded the names of the staff on duty. We saw the staffing information was still dated 16 June 2019.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with felt their family members were safe.
- Each of the staff we spoke with were clear about what may constitute abuse and what could put a person at risk of harm. The registered manager and all the staff we spoke with understood their responsibilities in reporting and recording any safeguarding concerns.
- When we arrived for the first day of our inspection, the senior care worker checked our identification prior to allowing us access into the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify possible themes or trends.
- The registered manager demonstrated a clear culture of learning lessons when things went wrong. Learning was shared with staff at team meetings, supervisions and daily handovers.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager told us people's needs would be assessed prior to their admission to the home or to a support package commencing, to ensure the service could meet their needs. Information gathered during this process was used to develop people's care and support plans.
- We saw evidence peoples care records were reviewed and updated at regular intervals.

Staff support: induction, training, skills and experience

- One of the relatives we spoke with was very complimentary about the skills of both care workers who supported their relative.
- New staff completed a period of induction which included training and shadowing a more experienced member of staff.
- Staff told us they felt supported and received management supervision. However, evidence of regular management supervision was not evidenced in staffs' personnel files. There was no evidence in two of the four staff files we reviewed, that they had received supervision during 2019. Following the inspection, the registered manager told us they had located evidence both these staff had received a supervision during 2019. The registered manager told us staff should receive four supervisions per year.
- Staff had not received an annual appraisal of their performance. Two of the staff whose personnel file we reviewed had been employed by the service for over twelve months. Neither had received an appraisal.
- Staff received regular training in a range of topics. A number of staff had also recently completed a college course in health and social care. The registered manager shared the following feedback received via email from their tutor, "Can I also please say that they have all been a pleasure to teach and support during their level 3 journey. They have all worked very hard and shown great commitment throughout the course."

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

- During May and June 2019 staff had worked with people to introduce healthier options into their diet. Following the inspection, the registered manager emailed staffs' case study. This clearly evidenced how they

had introduced new food to people, how they had monitored their feedback and how some healthier options had been added to people's daily meals and drinks.

- One person told us their favourite meal was fish and chips. They also told us about a recent trip they had been on and the meal they had enjoyed.
- A relative told their family member lost some weight, this had improved their health.
- We saw people were supported to choose their own meals and drinks. At lunchtime we noted, although people received sandwiches with individual fillings, staff did not tell people what their individual filling was when they gave the sandwich to them.
- During May and June 2019 staff had worked with people to introduce healthier options into their diet. Following the inspection, the registered manager emailed staffs' case study. This clearly evidenced how they had introduced new food to people, how they had monitored their feedback and how some healthier options had been added to people's daily meals and drinks.

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

- One of the relatives we spoke with told us, "If [name of person] is unwell, they call the doctor."
- We saw evidence in people's care records, of the involvement of other health care professionals.
- Each person also had a hospital passport. This contained information about their needs and how they liked to be supported, in the event they needed to attend hospital.
- Information was communicated within the staff team through daily shift handovers and team meetings.

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

- Compass Care – South Park consists of two dorma bungalows. Bedrooms are located on the ground floor with two bedrooms in the dorma section of each bungalow.
- The home had two lounges and a dining room, however, due to the design of the bungalows, each one was also used as thoroughfare by staff and people as they walked around the home. We sat in a lounge to speak with a person who lived at the home. Our conversation was regularly interrupted by people walking through the lounge.
- The decked patio area of the garden at the back of the home was untidy and looked uncared for. A person who lived at the home commented, "It needs a good sweep." A sunken pond was covered in weed and had a white plastic bucket and a shoe partly submerged. The decked area had a number of plant pots, but none of them had plants or flowers. At one end of the decking there was a pot full of water and cigarette ends.

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).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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.

- The registered manager told us a number of DoLS applications had been submitted to the local authority and were awaiting review.
- People's consent was gained by staff.
- Care records included the support people needed to enable them to make decisions about their lives. However, the process of assessing peoples capacity to make specific decisions' was not recorded. We discussed this with registered manager at the time of the inspection.

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

- Relatives told us their family members were happy living at Compass Care – South Park. One relative said, "[Name of care worker] is fabulous with [name of person]." Another relative told us how the staffs' care, and attention had enabled their relative to begin walking again
- Following the inspection, the registered manager shared the following feedback received via email from a college tutor, "Every time I have come to South Park to see the staff I have always had a warm welcome; both from all the staff and the service users too. The service users are a lovely group of individuals and you can see how happy they are with the care and support they receive from your hard working staff."
- We asked staff to describe 'good care'. One care worker told us, "Empathy... make sure we meet their individual needs." Another care worker said, "To be a good listener and a good observer... They are all equals, we accept them for who they are as individuals" Staff spoke with us about the people they supported in caring and professional manner.
- Staffs' interactions with people were caring and kind. We heard a care worker remind a person to be careful with their drink as it was hot. Another care worker noted a person had not touched their drink, they moved their table closer to them and gently reminded them they had not yet started their drink.

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

- Relatives told they felt involved in their family members support although three of the four relatives we spoke with told us they had not been involved in a formal review of their relations care and support.
- People were supported to make decisions about their care and support. We consistently heard staff offering people choices regarding what they ate and drank, where they spent their time and the activities they wished to pursue.
- Care workers involved people in their care records. A monthly review was completed of each person's care records. We saw evidence of people's involvement in this process.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed staff knocking on people's bedroom doors prior to entering. The registered manager asked peoples permission prior to us entering their bedrooms. We observed a member of staff using a blanket to cover a persons exposed legs when they were sat in an easy chair.
- People were encouraged to retain their independence. Care records included information about the tasks people were able to complete independently.
- Confidential information was stored securely.

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- Relatives we spoke with were satisfied with the activities, outings and interests their family member was supported to take part in. Although one relative told us, "I don't think [person] gets out as often as they should." Following the inspection, the registered manager shared feedback received via email from a college tutor, "I particularly like the different games and activities all of your staff do to entertain the service users and also those who I have seen come into the home to do entertainment and exercises with them."
- One relative told us how the home had supported their relation to begin accessing the community. The registered manager also showed us a case study which clearly documented the staffs' dedication and support in facilitating this person being able to enjoy going out again.
- In the morning of the first day of the inspection there was no structured activity. The radio was on and one person travelled in the car with staff when they supported another person to attend an appointment. In the afternoon staff sat at the dining table and played games with two people. A further two people joined after they had observed the activity for a short period of time. One person showed me a photograph album. The album contained a recording of their voice with information about the photograph.
- The service had recently implemented an electronic system to document people's daily care and support. Staff did not always record entries until later in the day, therefore the time recorded was not always an accurate reflection of the time people received support. We also noted care workers were not routinely recording when people engaged in activities. For example, on the second day of the inspection we checked the records for the four people who had participated in games on the first day of the inspection. This information had not been recorded in their daily notes. We discussed this with the registered manager at the time of the inspection.
- Care records were very detailed and person centred. They included information about people's likes and dislikes, how they liked to be supported and information about their life history.
- There was no call system at the home. We asked the registered manager what progress had been made in regard to this matter since our last inspection. They told us they had been in contact with the local authority assistive technology team. However, at the time of the inspection there was no evidence to suggest any equipment had been trialled at the home.

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.

- Care records provided clear information about peoples preferred communication method.
- The registered manager showed us quality questionnaires which they had recently updated to be more user friendly.

Improving care quality in response to complaints or concerns

- We asked one person what they would do if they were unhappy with their care. They told us, "I'd tell you [pointing at registered manager] or them [indicating care workers]." Relatives told they did not have any complaints but said they would contact the registered manager in the event they were dissatisfied.
- The registered manager had only received one recent complaint. We saw this had been addressed appropriately.
- A complaints procedure was available although we did not see this displayed in a suitable format where people could access it.

End of life care and support

- At the time of the inspection no-one at the home required end of life support.
- One of the care records we reviewed included information about the person preferences as when they neared the end of their life and when they had died. The second care record we looked at was blank but did contain a hand written note to prompt staff to discuss this topic with the persons family in the future.



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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always 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

At our last inspection we found provider had failed to ensure systems of governance were sufficiently robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found issues identified at the previous inspection had been addressed but we still found ongoing areas of concern, therefore the provider was still in breach of regulation 17.

- Internal audits and reports were still not sufficiently robust. A range of audits were completed within the home, including medication, people's monies and health and safety. The registered provider visited the home regularly. They reviewed staff recruitment and training, staff roles and records and gained feedback from people who lived at the home and staff. Neither the audits or the registered providers monthly reports had identified the shortfalls evidenced within the safe, effective and responsive sections of this report.
- Issues identified at our previous inspection had not been addressed, for example, radiator guards had not been fitted and we could not be assured peoples room temperature had been satisfactory during the colder months.
- We reviewed a random sample of staff meeting minutes. Where issues were raised it was not evident action had been taken. For example, minutes dated February 2019 recorded work needed to be completed with people's hospital passports. This was not recorded in the following meeting minutes; therefore, we could not establish if this action had been addressed.

We found no evidence that people had been harmed however, systems of governance remained ineffective.

This placed people at risk of harm. This was a continued breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff enjoyed working at Compass Care – South Park. A care worker told us there were regular team meetings, "We talk about what needs to improve and we get feedback."
- Feedback questionnaires had been posted to relatives in March 2019, five had been returned. Feedback was positive. One relative had written, "Staff are always cheerful and welcoming." Although a relative of a person who used the care at home service told us they had not received a questionnaire. Feedback questionnaires for people who lived at the home had recently been updated, at the time of the inspection only one person had been supported to complete one.
- The registered manager told us meetings for people who lived at the home were no longer held. They said they planned to use a different format, for example, the recent healthy eating case study which had taken place in May and June 2019. People's feedback was also gained during the monthly review of their care plan.

Continuous learning and improving care

- We saw information relating to good practice and current legislation displayed within the registered managers office and other staff areas within the home.
- The registered manager attended good practice events provided by the local authority.
- This is the second consecutive inspection where the home has failed to achieve an overall rating of good. This demonstrates the registered provider and registered manager have failed to implement systems and processes which will ensure people receive consistently safe and effective care. The registered manager has failed to ensure staff were supported with regular and robust supervision.

We found no evidence people had been harmed, however, systems and processes had not been established effectively to ensure the quality of the service continually improved. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 understood their responsibility in being open with people when things went wrong. By law, registered manager must notify CQC of incidents which affect people's health, safety and welfare. At the last inspection we identified some incidents which had not been notified to CQC. At this inspection we noted relevant incidents had been reported.
- Relatives spoke positively about the registered manager and staff. One relative said, "[Name of registered manager] they are smashing."
- Staff told they felt listened to and supported. One care worker told us, "[Name of registered manager] is brilliant, I can go and speak to her about anything."

Working in partnership with others

- The registered manager continued to work in partnership with other agencies, including the local authority and healthcare professionals.
- The registered manager had begun to forge links with other organisations for the benefit of the service. For example, some people accessed services operated by other social care providers and a coffee morning had been held to celebrate world autism day in March 2019.

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 17 HSCA RA Regulations 2014 Good governance
Personal care	Effective systems and processes of governance were not in place.

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to robustly assess the risks relating to the health safety and welfare of people. Systems were either not in place or robust enough to evidence safety was effectively managed. The premises and equipment were not always sufficiently clean.

The enforcement action we took:

We served a Warning Notice on the Registered Provider and the Registered Manager.