

# Achieve Together Limited

# Stanway Close and Greenway Road

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

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

Stanway Close and Greenway Road is a care home providing personal care to one person who is autistic and has a learning disability. They received care and support 24 hours a day from a small team of four staff.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

The service was not fully able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support

The service had been through a period of significant change during 2022. It had previously supported six people in two adjoining properties (known collectively as Stanway Close and Greenway Road). Due to one property requiring extensive repairs and renovation, five people had been supported to move to other services which met their needs. This service now only supported one person in the Greenway Road property and the provider had applied to change their registration to reflect this.

It was clear the person's emotional wellbeing had suffered badly due to the loss of their trusted staff team and the recent temporary move to another service. The current staff were working hard to support the person to go out and re-establish old routines to enhance their quality of life. Photographs demonstrated that the person had once led a very active life and it was hoped they would again.

They were supported by staff to be involved in decisions about their care and support. Staff used communication methods which were personal to the individual to enable them to express themselves. Family members had not felt fully involved. They had not always been listened to or worked with collaboratively to develop and improve the service.

The provider had not treated all concerns and complaints seriously. Relatives told us they had raised concerns about their family member's care and support over a significant period of time. They did not feel listened to and did not feel their concerns had been acted upon.

The person being supported had choice and control over their life. 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 person received personalised care and support which was currently being built around their changing needs and preferences. They had a new, small staff team who they were getting to know and building trust in.

Staff were trained to support the person, who was relaxed with the staff who supported them. Staff supported the person with their medicine in a safe way.

#### Right Care

The person's care and support plan did not accurately describe the care being delivered by staff or the person's chosen lifestyle. The new staff team were developing a good understanding of the person's needs and were flexible to enable them to meet changing needs and wishes.

The person did not take part in activities or pursue interests outside of the home as they once had. The service gave the person ongoing support to try once loved activities that had previously enhanced and enriched their lives.

The person received kind and compassionate care. Staff protected and respected the person's privacy and dignity. Staff were understanding and were getting to know the person so they could respond well to their needs.

The person was kept safe from avoidable harm because the service had a clear policy to support staff to recognise and report abuse or poor care. Staff spoken with said they would be confident to report any concerns about possible abuse or poor practice. Relatives had no concerns about the person's safety.

The person who had individual ways of communicating, using body language, sounds, signs and pictures interacted comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

Staff had not been well supported until the current manager had started working in the home. There was ongoing training and supervision for staff to make sure practice always followed best practice guidelines.

#### Right culture

The person and those important to them were now involved in planning their care. Family members told us they had not been fully involved in their loved one's life and felt that the previous management team had not been approachable or effective. This was now improving and they were being listened to.

The person had not been supported by an effective management team. The provider had failed to consistently assess, monitor and improve the quality of the service. Rather than being able to develop and flourish, the person had suffered a significant decline in their quality of life. The new management team were working hard to improve all aspects of the service and build a new staff team. Relatives had regained some confidence in the management of the home and in the provider following these changes.

The person was supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities the person with a learning disability and/or autistic the person may have. This meant the person received compassionate care from a staff team who were building a trusting relationship with them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

This inspection was prompted by a review of the information we held about this service. This service was registered with us on 8 February 2021 and this is the first inspection.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have made one recommendation in relation to supporting the person to rebuild their self confidence. We have identified a breach in relation to record keeping and quality monitoring at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Stanway Close and Greenway Road

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

### Inspection team

One inspector carried out the inspection.

### Service and service type

Stanway Close and Greenway Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stanway Close and Greenway Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we wanted to be sure the person would be at home so we could meet them and observe staff supporting and communicating with them. We also wanted to make sure the manager and staff would be available to support the inspection and have time to speak with us.

Inspection activity started on 21 October 2022 and ended on 18 November 2022. We visited the home on 2 November 2022.

### What we did before inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed all the information we had received about the service since it was registered with us. We discussed the development of this service with the provider's regional manager and we also sought feedback from the local authority commissioning and safeguarding teams. We used all of this information to plan our inspection.

### During the inspection

We met the person using the service. They were not able to talk with us about their service. Staff told us they did engage with people they knew well and trusted, so we observed staff supporting, interacting and communicating with them. We also spoke with two relatives to gain their views of the care and support provided.

We spoke with two members of care staff. We also spoke with the manager and a registered manager from another service who was supporting the home.

We reviewed a range of records. This included the person's care records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including quality audits, fire safety checks, fire drills, fire risk assessment, legionella risk assessment and first aid supplies checks were viewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. The manager sent us quality audits, a medicine audit, a health and safety audit, infection control audits and the infection control policy, staff training and supervision records and staff meeting minutes which we reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person was kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Relatives told us staff kept their family member safe. Relative said, "[Name] is safe and his team now are great."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us it was a safe place to live and work in. One staff member said, "It is absolutely a safe place for [name] and us [staff]."

Assessing risk, safety monitoring and management

- Risks to the person and to staff were assessed and plans put in place to reduce or eliminate risks where possible. Other people who used to live at the home had moved when the risks posed by the extremely poor state of parts of the environment had become too high to be managed by staff. These areas were no longer used and were awaiting building work.
- The person had as much freedom, choice and control over their life as possible because staff managed risks to minimise restrictions.

Staffing and recruitment

- The person formed close, trusting relationships with staff over a period of time. Stability in the staff team was central to their wellbeing. Their last small staff team had all left within a few months of each other. This change had adversely affected the person; they no longer took part in most activities outside the home they used to enjoy and, for a time, would not accept any support with personal care. Relatives told us, "Really good staff left; all of the team left. It ended up being run on agency staff, but [name] thrives on consistent staff. Staff just weren't proactive. The team around [name] is now much stronger."
- The current staff team was working hard to re-establish a close, trusting and supportive relationship. One staff member said, "[Name] likes regular staff and familiarity. It takes time to build trust."
- The service had enough staff, including for one-to-one and two-to-one support for the person to be able to go out. There was a very small team of four care staff. Relatives said they liked and trusted current staff.
- New staff were recruited safely. The records we looked at showed all required pre-employment checks had been carried out including criminal record checks and obtaining satisfactory references from previous employers.

Using medicines safely

- Staff followed effective processes to assess and provide the support the person needed to take medicines safely. This included where there were difficulties in communicating. The person only had one medicine



prescribed for use 'as and when required'. They had not needed to take this for some time.

- Staff followed systems and processes to administer, record and store medicines safely.
- The service had ensured the person's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of the person with a learning disability, autism or both) and would ensure any medicines taken now or in the future were reviewed by prescribers in line with these principles.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The person received safe care because staff learned from any accidents and incidents which occurred. There had been no recent accidents or incidents in the home.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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 service now only supported one person. They had moved from another of the provider's services in 2019 so their care needs were well known to the provider.
- The person's care plan set out their needs, things they enjoyed and plans for the future. However, many areas of the current care plan did not reflect the person's current needs and lifestyle.

Staff support: induction, training, skills and experience

- Staff had not been well supported until the current manager had started working in the home. Relatives said, "Staff told us they felt completely unsupported, so they ended up leaving. We feel staff were unsupported from what we saw." The current manager told us, "No supervisions were completed before [they started managing the home] I'm afraid to say and all members of staff that did work at Greenway have now left. Supervisions hadn't been happening for a few months."
- Staff now received support in the form of both formal and informal supervision. This support had been put in place by the new manager. One staff member said, "The support is brilliant. I have regular supervision, but we also talk every day as a team."
- The person was supported by staff who had received relevant training. This included training in the wide range of strengths and impairments for people with a learning disability and/or autistic people including, positive behaviour support, human rights, nutrition and all restrictive interventions. One staff member said, "The training is good. I have just done lots of renewals."
- The person had fluctuating capacity so had some decisions made by staff on their behalf in line with the law and supported by effective staff training.

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

- The person chose their food and drinks. They could use the kitchen at any time and chose the meals, drinks and snacks they wanted, as they did when we visited.
- There were clear guidelines for staff to follow about how to store food and provide support at mealtimes including how to offer choices. We saw these were followed by staff.
- Staff encouraged the person to eat a healthy and varied diet to help them to stay at a healthy weight.

Supporting people to live healthier lives, access healthcare services and support

- The person needed consistent support to help them maintain good health and emotional wellbeing. It was clear the person's emotional wellbeing had suffered badly due to the loss of their trusted staff team and the recent temporary move to another service. Relatives said, "It just got really dire with [name] not being in a

good place with his mental health. He moved in September 2021; this was a temporary move and he hated it. He was really unhappy. So it all went downhill from there really. We used to raise issues and felt they were brushed off. It's much better now. We have just attended a health review."

- We saw the person looked well cared for and they were now happy to accept staff providing and supporting their personal care. They showed signs of emotional wellbeing. They engaged with staff who knew what signs to look for to ensure the person was well physically and emotionally.
- The person had a health plan which was used by health and social care professionals to support them in the way they needed.
- The person was supported to have health checks and was referred to health care professionals to support their wellbeing and help them to live a healthy life.

#### 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their 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.

- Staff supported the person to make as many of their own decisions as possible.
- Staff knew about the person's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff demonstrated good practice around assessing mental capacity, supporting decision-making and best interest decision-making. When the person had been assessed as lacking mental capacity to make a certain decision, staff clearly recorded assessments and any best interest decisions. Relatives were consulted when best interest decisions were needed.
- An application to deprive the person of their liberty had been made to the appropriate legal authority and was awaiting assessment.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 members showed warmth and respect towards the person they supported. Relatives thought staff were kind and caring. Relatives said, "The staff he has now are good. They are getting it [the service] back to what it used to be."
- The person received kind and compassionate care from staff who used positive, respectful language which the person understood and responded well to. Staff saw the person as their equal and created a warm, supportive and inclusive atmosphere for them.
- Staff were calm, focussed and attentive to the person's emotions and support needs and their sensory sensitivities. Staff ensured the person was protected from any environmental factors they would find stressful.

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

- The person was listened to and valued by staff.
- Staff understood the person's individual communication style and supported them to express their views using their preferred method of communication. The person was given time to listen, process information and to respond in their chosen way.
- The person, and those important to them, took part in making decisions and planning care. Staff knew when they needed support and provided this in line with the care plan.
- Staff supported the person to maintain links with those that are important to them. The person spoke with family members every day at a set time so they knew this would be happening and when.

Respecting and promoting people's privacy, dignity and independence

- The person had the opportunity to go out and try new things but currently did not wish to do so. They had also stopped doing things they previously enjoyed, such as swimming, visiting local places of interest and taking trips in their car. Staff were working hard to rebuild this person's trust and confidence in the new staff team so they might once again be happy to do these things.
- Staff knew when the person needed their space and privacy and respected this. The person used set phrases (which were clearly explained in their care plan) which staff understood to mean they wished to spend time alone. This was respected.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- The person had a care and support plan which was detailed and personalised. This included their physical, emotional and health needs and their plans for the future. However, the current care plan did not accurately describe the care being delivered by staff. The plan was being reviewed and updated.
- This service was being developed and improved for the person who currently used it. They had changed and staff were working with the person to achieve goals, such as them being happy to use their car again so they could go out more and be able to visit their family as they had done before. Relatives said, "We want him to visit us, but he needs to use the car to do this. He used to come to us for the day. He used to be out all the time. All of this had stopped. We know how good [the service] can be and think it will be again."
- Staff discussed ways of ensuring the person's goals were meaningful and spent time with the person understanding how they could be achieved.

Improving care quality in response to complaints or concerns

- The person would not be able to use the complaints policy independently; staff would need to support them. Staff told us if the person was unhappy, they would normally show this through their behaviour and they would try to find out what was wrong. Staff said the person was currently settled and appeared happy.
- People close to them could raise concerns and complaints; staff would support them to do so.
- The service had not treated all concerns and complaints seriously. Relatives told us they had raised concerns about their family member's care over a significant period of time. They did not feel their concerns had been acted upon. Relatives said, "We use to raise issues and they were brushed off. We finally escalated our concerns to [the provider's head of area operations]. That's when the positive change started. Now, we are listened to and things happen."

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

- The person had previously chosen a range of regular social and leisure activities outside of the home. These had stopped during the COVID 19 restrictions but had not restarted. The current staff team believed this was due in part to the old staff team, who the person knew well and trusted, all leaving in quick succession. Also, the person had moved home temporarily due to refurbishment work and this had a detrimental effect on them.
- The current staff were working hard to support the person to go out and re-establish old routines. At present they only chose to walk to two local shops; they still did not wish to use their car. The care plan stated "[Name] has associated the vehicle with the move [to another service] and therefore this is the trigger for anxieties." One staff member said, "[Name's] routine had completely gone out of the window. He wasn't

going out at all. We are making progress; it's slow, but we are getting there."

- Staff knew what the person enjoyed doing whilst at home. We saw they liked watching films, handling sensory items, spending time with staff, spending time alone and using their tablet computer.
- The person had daily contact with their family. Relatives said, "We speak to [name] every day, usually on a video call. We also speak to staff as well and [name] seems happy now for them to be in the room when we are having the call. That's a good sign that he trusts staff."

We recommend the service continues to support the person to rebuild their confidence to enable them to enjoy an enhanced quality of life.

#### 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.

- Staff ensured the person had access to information in formats they could understand. There were visual structures, including photographs, symbols and other visual cues which helped the person know what was happening 'now and next' and who would be supporting them.
- The person had a detailed communication plan which described their preferred methods of communication, including the approach to use for different situations. This contained many photographs to help staff learn how to use the communication aids effectively.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when the person was trying to tell them something.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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. Continuous learning and improving care

- The last registered manager had a period of extended leave and then left their post permanently in September 2022. The audits completed by the provider showed many improvements were needed as the service was not operating at the provider's required standard. Many improvements had not been completed, despite them being identified in January 2021 and March 2021 and to be completed by June 2021 at the latest.
- Relatives told us they had not had confidence in the management of the home. They said, "There was a real failure in the management of the home" which had contributed to the change in their family member's physical and mental health.
- The person's care plan did not accurately describe the care being delivered by staff or the person's chosen lifestyle. For example, the section covering how they spent their free time does not reflect how this was currently spent in any way. The manager said, "We've gone back to the start again really with the care plan, gone back to basics. We are still adapting and amending it because [name] has changed a lot. It's a work in progress."
- The provider's oversight and support provided during a time of significant change had failed to ensure the service always provided high quality care, supported staff adequately or to ensure the many improvements needed were carried out.
- Both day to day management of the home and the provider's governance processes had therefore not been effective or ensured safety, protection of the person's rights or provided consistently good quality care and support.

The provider had failed to consistently assess, monitor and improve the quality of the service or to ensure care records were accurate and up to date. This is a breach of Regulation 17 (Good governance) of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

- The current manager was honest and open about the quality of the service they had inherited and the many improvements which were needed. They had already started improving things by reviewing the person's changing care needs, working closely with the person's family and implementing new checks, such as health and safety and infection control audits, to ensure people's safety.
- The manager was being supported by a registered manager from another of the provider's local services who knew the person who lived at the home well and a new regional manager. Between them, these managers felt they had the skills, knowledge and experience to improve the service.

- Relatives had regained some confidence in the management of the home. They told us, "We have met the new regional manager; talking to her she seems very on the ball. She is very hands on and supportive. We have weekly meetings with [the manager and head of area operations] and we are always asked how we feel. We are consulted. [The new manager] has a plan to improve things. She seems like a force of nature. We know how good Greenway can be so let's see."
- Staff spoken with were clear about their roles and responsibilities. They felt they had supported the person to improve their quality of life in a short period of time. They were a new team but told us teamwork was good and they were focused on providing good, consistent care and support. One staff member said, "I don't think anyone could have done any better. [Name] has come on leaps and bounds in the last seven or eight weeks."

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

- Relatives had not always been listened to or worked with collaboratively to develop and improve the service. Relatives told us, "It had been the best placement [name] has ever had. That was up until a year ago, then it all seemed to change. More recently, [the new manager] has come in and she is a breath of fresh air. The house is much more homely; they have spent money on it. They have got new furniture and they have painted it and [name] helped choose the colours. So it feels like we are all being involved now."
- Staff encouraged the person to be involved in their service as much as they were able to be. Staff told us they were building a good relationship with the person and felt they could support them to improve their quality of life to what it had been before.

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

- The service had been through a period of significant change in the last few months. It had previously supported six people in two adjoining properties (known collectively as Stanway Close and Greenway Road). Due to one property [Stanway Close] requiring extensive repairs and renovation, five people had been supported to move to other services which met their needs. This service now only supported one person in the Greenway Road property.
- The manager was working hard to develop a culture in which staff valued and promoted the person's individuality, protected their rights and enabled them to develop and flourish. The manager said, "We have lots to do; it [the service] is nowhere near where we want it to be. It had lost its way."
- The manager was visible in the service, approachable and took a genuine interest in the person and what staff, family and other professionals had to say. They also worked 'on shift' to support the person so had a good understanding of their needs, the quality of care staff were providing and what improvements were needed.
- Staff told us they felt respected, supported and valued. They felt able to share their ideas and raise any concerns they may have with the manager without fear of what might happen as a result. One staff member said, "I love it here. Amazing staff. Everyone helps and supports each other."

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 service apologised to the person, and those important to them, when things went wrong. Staff gave honest information and suitable support and would apply the duty of candour where appropriate.

Working in partnership with others

- The service worked in partnership with other health and social care organisations, which helped to give the person using the service improve their wellbeing.



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>The provider had failed to consistently assess, monitor and improve the quality of the service or to ensure care records were accurate and up to date.</p> <p>This is a breach of Regulation 17(2) (Good governance) of the Health &amp; Social care Act 2008 (Regulated Activities) Regulations 2014.</p>