

Colten Care (2003) Limited

The Aldbury

Inspection report

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Date of inspection visit:

27 February 2020

28 February 2020

04 March 2020

Date of publication:

03 June 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Aldbury is a nursing and care home for up to 55 older people, some of whom may be living with dementia or have nursing needs. The home is purpose built and is divided into four separate living units. There were 51 people living or staying at the home at the time of the inspection.

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

Policies and procedures for safe wound management were not always followed. Care plans did not always include enough detail to ensure all staff would know and understand fully how to care for a person. Daily records contained gaps and contradictions, so it was not always possible to be certain that people's needs had been fully met. The registered manager had identified and started to address some of these shortfalls. However, governance and management systems had not identified all the issues found during this inspection and we have made a recommendation about this.

People and their relatives were mostly involved in decisions about their care. The provider's policies supported people having choice and control of their lives with the fewest possible restrictions. However, the service had not always followed these systems which meant that we could not be certain that all relevant parties had been consulted where this was needed. We have made a recommendation about this.

We received overall positive feedback about The Aldbury during this inspection. Where people or relatives raised any issues or concerns, the management and staff were already aware of these and had plans in place to address them.

People, relatives, visitors and health professionals found the staff to be very caring, kind and professional. They told us they or the person they visited felt safe and well cared for. Staff had a good understanding of how to keep people safe including using safeguarding and whistleblowing procedures should the need arise.

People had access to healthcare services. Partnerships with other agencies and health professionals enabled effective outcomes for people. Staff supported people to take most medicines safely.

The provision of activities that were meaningful to the people living in the home was carefully planned. People told us they were happy with how they spent their time.

There were enough staff to meet people's needs. Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. Staff received induction and on-going training and support that enabled them to carry out their roles positively and effectively.

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

Rating at last inspection

The last rating for this service was good (31 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to some aspects of the way that safe care and treatment is provided. Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

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 findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

The Aldbury

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out on the first day by one inspector, an assistant inspector and a nurse specialist advisor. The second and third days were completed by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed other information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and commissioning teams to obtain their views about the service. We used all of this information to help us plan the inspection.

During the inspection

We spoke with four people, eight relatives or friends and two health and social care professionals. We also spoke with the registered manager and seventeen members of staff including nurses, care staff, housekeeping, kitchen, activities and administrative staff.

We reviewed a range of records including four care plans and medicines records, two staff files, staff rotas, staff induction, training records and supervision records and other information about the management of the service. This included quality assurance records and audits, complaints and accidents and incidents.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider. We received feedback from two health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Information for staff about the application of prescribed creams and topical medicines did not always include clear instructions about how often these items should be administered. Where this information was available, records showed that the instructions were not always followed correctly. This was discussed and resolved during the inspection.
- People received their other medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

Systems and processes to safeguard people from the risk of abuse

- Staff fully understood their role in protecting people from abuse. Staff were confident in discussing safeguarding issues. They confirmed that any issues they raised were listened to and acted upon.
- The registered manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary. The local authority safeguarding team told us the service worked well with them.
- Suitable and clear safeguarding policies and procedures were in place and available to staff, people and visitors.

Assessing risk, safety monitoring and management

- People told us they felt safe and well cared for. Staff understood the actions they needed to take to minimise the risk of avoidable harm. A healthcare professional told us, "Patient safety is well managed with all staff knowing the patients' mobility and transferring needs well."
- Risk assessments were in place for each person for most aspects of their care and support, with the exception of ones for topical medicines. These were reviewed regularly and in response to people's changing needs. Staff knew the individual risks people faced.
- Assessments included instructions for staff on how to minimise the risks for people. Each assessment was arranged to show the care the person needed, what the risks were and how to reduce the risk.
- People had personalised plans that set out the assistance they needed to evacuate the building in event of an emergency such as a fire.
- Routine maintenance checks, such as water temperature checks and fire safety checks, were undertaken.

Current certification was in place in relation to gas, electrical and fire safety.

Staffing and recruitment

- Recruitment practices were safe. The relevant checks had been completed before staff worked with people independently.
- People told us there were enough staff to meet their care needs and that call bells were answered quickly. We observed staff popping in and out of people's rooms throughout the day checking their well-being and offering help where needed.
- Staff told us there were enough staff on duty to provide the support people needed.

Preventing and controlling infection

- The service was clean and well maintained. All the relatives and professionals we spoke with commented on how well the home was kept. A healthcare professional told us, "They are always very careful concerning infection risks and management." A relative said, "The housekeeping and laundry are very efficient. Nonstop cleaning and washing and ironing which they all enjoy and happily chat with the residents."
- Protective equipment, such as disposable gloves and aprons, were readily available for staff if they needed this.
- The kitchen had been assessed by the local food standards in October 2019 and had received a grade 5 rating. This meant hygiene standards were very good and comply with the law.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and analysed to identify any patterns and review measures to prevent reoccurrence. Where learning from events was identified, this was shared with the staff team through meetings, training and general communication.
- Any event or incident was seen as an opportunity to reflect on practice and continually improve outcomes for people.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to live healthier lives, access healthcare services and support. Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Some people's skin was at risk of damage. The service had clear policies about the actions staff should take and the care that should be provided in these situations. Information about people's wounds had not been communicated fully, the steps taken to care for wounds and promote healing were not always clear and records provided conflicting information. For example, there was not always clear details about the size of wounds or a photograph/description of the wound or notes would report a person had "broken skin" on one day but the next day reports referred to it as red and no mention of broken skin.
- Staff described some important aspects of the care people needed. However, the very specific ways some people needed to be approached had not been included in their care plans. This meant some staff may not be aware of how to provide care in the best way.
- Daily records did not always provide a clear picture of the care that had been provided or the action taken when staff identified concerns about the person. Records were sometimes hard to read, so it was not always possible to be certain what care had been provided.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate that people's care needs were properly assessed and met, or that wound care was safely managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed that actions were being taken to ensure staff always followed the required policies and procedures.

- Assessments of people's care and support needs were carried out before care was provided for people. These pre-assessments were used to form the basis of care plans and ensure that their support needs could be met. There were regular reviews of people's care to ensure the service was meeting their needs.
- Assessments included information about people's cultural, religious and lifestyle choices and any equipment that was needed.

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

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- Where people had legally appointed representatives, on occasion, staff had completed best interest assessments rather than defer to the person with the legal right to make a decision. This meant that decisions that were made may not always have been in accordance with the person's wishes as made known to their legal representative.
- People's care records included mental capacity assessments where needed. These were regularly reviewed. Where people were assessed as lacking capacity to make a decision, best interest processes were followed and recorded. However, records did not always reflect that interested parties, such as relatives and health professionals, had been consulted and their views considered.

We recommend the service reviews procedures to ensure that it is working in accordance with the Mental Capacity Act and the associated Code of Practice.

The provider responded immediately during and after the inspection and confirmed that steps were being taken to ensure that in future the service followed the MCA and code of practice.

- The registered manager had appropriately identified where people could be considered as deprived of their liberty and had applied to the relevant supervisory body (local authority) to authorise this under DoLS. Systems were in place to ensure staff were reminded about any special conditions which must be complied with and to ensure additional applications were made in a timely manner for any permissions which were due to expire.

Staff working with other agencies to provide consistent, effective, timely care

- Records showed us that staff had worked with other health teams to enable consistent, effective care. Examples included working with speech and language therapists and the community mental health team. A healthcare professional told us, "Staff were proactive in requesting support from [department name]... issues that were raised were always addressed."

- People had access to a range of healthcare services including chiropodists, opticians, dentists and audiologists for both planned and emergency situations.

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

- People spoke positively about the food. One person told us, "I've no complaints. I like it all." We observed home cooked, well balanced meals being served to people and a range of drinks being offered throughout our inspection.
- There was a strong emphasis on the importance of eating and drinking well. The standard of catering was

excellent. Food was of a high quality and always presented to make it look appetising. There were options at all meals and people were offered choice either by discussion, use of picture cards or looking at plated meals.

- When people needed assistance, it was provided at the person's pace ensuring their dignity. We observed people using sided plates and specialist beakers to aid their independence.

Staff support: induction, training, skills and experience

- People told us they felt their needs were met by staff with the right skills, experience and attitude for their roles. A relative told us, "Every single member of staff looked after [person's name] with genuine care and was obviously trained to a high standard."

- Staff completed a comprehensive induction and did not work unsupervised until they and the management team were confident they could do so. An ongoing programme for updates and refresher training was in place. Staff also had opportunities for further career development such as training to become nurse associates.

- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles and they felt well supported by their manager. They told us they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs. One member of staff told us, "It makes you think about things in more depth and think about how you can do things differently."

- An award of employee of the month had recently been introduced. Staff could nominate each other for the award. Some of the comments on the nomination forms included, "[person's name] Thank you for all your help and support", and "Thank you for helping me grow and for being the best colleagues I ever had!"

- Since the last inspection, the registered provider had introduced a Nurse Associates training programme linked with a local university to enable care staff to further develop their skills. Student nurses from another local university also undertook placements at the home as part of their training. In order to support this fully, nursing staff had recently completed mentoring training.

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

- There was a very homely feel to The Aldbury. The thought given to the décor and furnishings was clear. People were consulted about their wishes for their home.

- The home was purpose built and divided into four separate living units. Each unit had a large communal lounge, dining and kitchen area, which was bright and airy. People were encouraged to bring their own belongings and furniture into the home. Notice boards around the home displayed information and matters of interest.

- Since the last inspection the Home had undergone a significant refurbishment. Sensory baths had been installed in two communal bathrooms. These enabled staff to provide people with a positive sensory and physical experience.

- Consideration was also given to best practice guidance about how environments could be improved for people living with dementia. Signage around the home helped people to orientate themselves.

- The home was well equipped. Staff said that if ever the need for equipment was identified all they had to do was report this to the registered manager and it was provided.

Is the service caring?

Our findings

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

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

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

- People spoke positively about the care and support they received. During discussions we found staff to be kind and compassionate. Visitors to the home all told us that the staff built strong relationships with families and friends to maximise support for people and to promote a family and community environment.
- People looked relaxed and comfortable around staff. There was a calm, relaxed, friendly atmosphere and staff took time to sit and chat with people. We heard many conversations where it was clear staff knew people well and understood what they liked to talk about or do. A healthcare professional told us, "It was often noted how caring and understanding staff were."
- Staff understood and respected people's lifestyle choices. When we discussed with staff the people they supported, they demonstrated an open, non-judgemental attitude that respected people's diversity. A relative said, "They laugh and joke with [person's name] and show him they really care for him by the occasional hug which makes him feel warm and loved, which he needs."

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

- Interactions between staff and people were respectful and involved the person in decisions. We observed staff being thoughtful and checking with people their welfare, such as whether they were warm enough, where they would like to spend their time or whether they would like to share an activity.
- People had their individual communication needs understood which meant staff were able to involve people in decisions about their care.
- If people needed independent support with making decisions, the registered manager had information available about advocacy services

Respecting and promoting people's privacy, dignity and independence

- We observed people having their privacy and dignity respected throughout our inspection. Staff knocked before entering rooms, enabled private time for people and their family, and maintained people's dignity when providing support. People were able to lock their rooms should they choose.
- People and their visitors confirmed staff always respected their privacy and told us if they preferred male or female staff, this was respected. There was always a balance of male and female staff on duty in order to meet people's requirements.
- Staff demonstrated respect for people's independence, such as when providing personal care, ensuring they only helped in areas a person was unable to manage themselves.
- Confidential data was stored securely.

Is the service responsive?

Our findings

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

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

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

- People said staff provided them with the care and support they required; they told us they felt well cared for and were consulted about what they needed. One person told us, "It's very nice. I'm very settled. I like the minibus and singers. It's nice and clean. The food, staff and entertainment are good."
- People had care needs and lifestyle choices, were known about and understood by staff. A healthcare professional told us, "I have found that the staff are very accurate at gauging patients' needs, both for medication or doctor's review and also for emotional and care needs."
- The service worked with people and staff to ensure people were treated equally and that their protected characteristics under the Equality Act were respected and promoted. People's different cultures and beliefs were recognised and respected and clearly detailed in care records.
- Equality and diversity training was provided to all staff. Staff spoke confidently about treating people equally and fairly
- The registered provider also employed Admiral Nurses who spent time in the provider's homes on a supernumerary basis. Admiral Nurses are specialist dementia care nurses who provide expert practical, clinical and emotional support to people, families and staff. There were numerous examples where their expertise had been used to improve people's lives.

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.

- People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.
- The registered manager confirmed they could provide large scale print of any documents if required for people with sight difficulties and could change documents to suit most needs.

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 service understood the importance to people's wellbeing of meaningful occupation and activity. There was a programme of activities for people to enjoy every day. Many were group activities, but staff recognised the importance of spending time with people individually and this was also included in the activities programme.

- People, relatives and staff told us they enjoyed the activities in the home. Since the last inspection, and in response to feedback, the home now had several animals living there. These included a cat, a dog, a tortoise, a rabbit and an aquarium full of fish. People enjoyed assisting the staff to look after and feed them on a daily basis. People also enjoyed walking the dog in the secure gardens.
- The registered provider also employed a music and arts partner to work among all of their homes. The music and arts partner provided support for people through music and activities including storytelling, singing, or colour therapy. Staff gave us examples of the positive impact upon this had on people's lives including where people had participated in events where they had previously refused to engage. The music and arts partner was a finalist in the National Care Awards for Activities Manager of the Year for 2019.
- The activities staff reviewed each activity to assess what had worked well for people or whether there were any areas to change or improve. Examples of successful group activities included baking, arts and crafts and quizzes as well as visiting entertainers and groups from local nurseries and schools. There were also regular trips out to local events and attractions.

Improving care quality in response to complaints or concerns

- Information about how to complain was available on notice boards around the home. Details about how to make a complaint were also included in the information pack given to people and their relatives when they moved into the home. The information was detailed and set out clearly what an individual could expect should they have to make a complaint.
- There was a procedure to ensure complaints were responded to within specific timescales and that any outcomes or lessons learned were shared with the complainant and other staff if this was applicable.
- People told us they would be happy to raise a concern or make a complaint although nobody had needed to.

End of life care and support

- The service supported people nearing the end of life to have a comfortable and dignified death by working closely with health care services and through consulting people about end of life wishes.
- All staff had completed training in this area to ensure they were confident and able to support people and relatives. Following this training, a member of staff had created a comfort box containing various items to help and support both the person and any visitors. This had proved so successful it was introduced throughout the home.
- People had an opportunity to develop care and support plans detailing their end of life wishes. These included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted.
- Staff were responsive to people's deteriorating health and wellbeing and worked closely with community health practitioners, such as GPs, to ensure that anticipatory medicines and support were in place to maintain a person's comfort.
- The registered manager and staff were keen to ensure they provided the best possible care for people and had introduced a review process after each death in the home to look at what had gone well and whether anything could be changed or improved.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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

- Systems had been developed to enable oversight of the service and the quality of the care provided through a series of audits and checks. Numerous audits were completed including regular audits of medicines, accidents and incidents, and health and safety.
- There had been a recent change in the registered manager for the service. As part of getting to know the people and staff, they had assessed the service in January 2020 and created an action plan which was dated 14 February 2020. Some of the shortfalls identified at this inspection had been identified by the registered manager's assessment. Some actions to address the shortfalls found by the registered manager had not been started, including action to address the shortfalls in wound management. Other issues, such as improving information in care plans and daily records, had been started but not completed. There was no timescale for completion of the action plan. The lack of risk assessments for topical medicines and issues surrounding the MCA assessments and best interest decisions had not been identified in the assessments.

We recommend that a review of governance and management systems is under taken to ensure that all areas of quality and safety are effectively managed and timely action is taken to address shortfalls when these occur.

The registered manager and senior management team were very responsive and took immediate actions in response to our feedback throughout the inspection.

- The registered manager and staff were clear about their roles and responsibilities and felt well supported by the registered provider. Staff told us that the recent change in manager had been a smooth process and they felt they were already getting to know their new manager who was working hard to get to know the people and staff and understand how the home operated.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had an open, positive, person-centred culture. People, staff and professionals expressed confidence that the service was well run. A relative told us, "Nothing is too much trouble and the teamwork is amazing. Staff from every department pop in to see my mother and offer support to our family. Often a

cleaner, the minibus driver, a laundry assistant, a companion team member, the hairdresser, receptionist or management will sit by my mother's bedside for a few minutes and have a chat. The carers and nurses are regularly in and out making sure my mother is comfortable and the chefs are providing her special food requirements."

- At the time of the inspection a national, independent website that reviews and rates care homes had rated the home 9.9 out of 10 following feedback from people who lived in the home, relatives and visitors. There were 12 extremely positive reviews added in the preceding 12 months.
- People, relatives and professionals told us the registered manager was approachable and they would have no hesitation in raising concerns or making suggestions. Staff also said they could approach anyone in the management team.
- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys and reviews. This information was used to improve the service and to highlight good practice or care.
- The Home held regular meetings for people and relatives to seek feedback on the service and home. The most recent in house annual survey, completed in June 2019, scored the home highly: Kind and friendly = 100%, Nursing and Care Teams meet loved ones needs = 100%, Nursing staff are proficient in caring for people with dementia = 95% They understand loved ones individual needs = 95% The Home are quick to respond = 100%
- People, staff and relatives said they felt comfortable to put forward any ideas they may have to improve people's care, support or wellbeing and were confident these would be acted upon. The registered manager ensured there was a response to suggestions and publicised these via a notice board entitled, "You said, we did." Some of the ideas included people being involved in the recruitment of staff and inviting people to assist with some of the day to day household tasks.
- The registered manager had notified CQC of significant events and incidents, which is a legal requirement. The rating of good from the previous inspection was prominently displayed at the service and on the provider's website.

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 understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with families.

Continuous learning and improving care. Working in partnership with others

- The registered manager worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This had included attending events with the local authority and accessing information from Skills for Care and CQC websites.
- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported
- There was evidence of learning from incidents. Investigations took place and appropriate changes were implemented.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that people's care needs were properly assessed and met, or that wound care was safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.