

Floron Residential Home

Floron Residential Home for the Elderly

Inspection report

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London
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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

Floron Residential Home for the Elderly is a residential care home providing accommodation and personal care support to older people and people living with dementia. The service can accommodate up to 16 people and at the time of the inspection, 16 people were living at the service. The service provided a mix of single and shared bedrooms.

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

People were supported by staff who were trained in medicines administration. However, staff's medicines competency assessments were not recorded. Some people and staff were not satisfied with the staffing levels at nights and over weekends. Staff rotas were not clear and easy to follow. We have made a recommendation in relation to planning and deployment of staffing.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

People's accommodation was not always adapted to meet their care and privacy needs. People living with dementia were not offered a choice that met their needs and abilities. We have made a recommendation in relation to specialist support to meet people's dietary needs. The provider's quality assurance systems were not always effective.

People and relatives told us they felt safe with staff. People were supported by staff who understood risks associated with their healthcare needs. People's risk assessments informed staff on how to provide safe care. People were safeguarded from the risk of harm, abuse and the spread of infection.

People's needs were assessed before they moved to the service. People were supported to access ongoing healthcare services. People were supported by staff who were provided with training and supervision.

People's care plans were comprehensive, and staff knew people's likes and dislikes. People and relatives told us staff were caring and treated them with respect. People were supported by staff to remain as independent as possible. People and relatives were satisfied with the complaints process.

People, relatives and staff told us they found the management approachable. Relatives told us they would recommend the service. The provider worked with healthcare professionals and local authorities to improve people's wellbeing.

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

Rating at last inspection

The last rating for this service was Good (published 10 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one breach in relation to need for consent 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 for 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?

Requires Improvement ●

The service was not always 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?

Good ●

The service was 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.

Floron Residential Home for the Elderly

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the deputy manager, two senior care staff, three care staff, one cleaner and the chef. We spoke with four visiting professionals including social workers, an advocate and a district nurse. 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.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe at the service. One person said, "Yes, I feel safe." Another person told us, "Yes, I feel safe living here. I like the atmosphere." Relatives' comments included, "I am 100% happy that my [relative] is safe" and "My [relative] is safe here."
- The provider had systems in place to ensure people were safeguarded from abuse.
- Staff were aware of their responsibilities to prevent, identify and report abuse. Staff told us they would blow the whistle by contacting the local authority and the CQC if the management did not act promptly to the reported concerns of abuse.
- There were records to confirm the provider had raised safeguarding alerts in a timely manner and kept relevant records in people's folder.

Assessing risk, safety monitoring and management

- Risks to people's health were identified, assessed and mitigated. Risk assessments gave staff instructions on how to provide safe care. They were for areas such as mobility, personal care, falls, self-neglect and diabetes. Records showed these were reviewed monthly.
- Staff understood risks to people and how to meet them safely. A staff member was able to describe the actions they would take if they noticed a person with diabetes blood sugar levels were higher or lower than expected. Staff told us the risk assessments were easy to follow.
- We looked at health and safety checks including fire equipment, water and electric. These were all up-to-date. There were records of personal emergency evacuation plans for each person and these were individualised.
- The London Fire Brigade carried out an inspection in July 2019 and the provider was served with an enforcement notice for failing to meet the legal requirements. We reviewed the actions the provider had taken to address the issues and we were reassured by their actions.

Staffing and recruitment

- People, relatives and staff told us there were enough staff on duty during the day time. However, some people, staff and a healthcare professional told us there were not enough staff on duty at nights and weekends.
- We fed-back the above to the provider. They told us the staffing levels were based on the people's individual assessment of needs and the dependency tool. However, they told us they would consult their staff team regarding the night staffing levels.

- The provider followed an appropriate recruitment procedure to ensure staff were safe, of good character and experienced in care work to support people. However, the systems to deploy staff were not always vigorous.
- Staff rotas were not easy to follow. The management recorded staff names against the time in their diary. However, they did not record the duration of the shift and the records did not specify who were the care staff and the domestic staff. This meant we could not be assured of how many care staff supported people with their care needs.
- We spoke to the provider about this and they told us they would review their staff rotas to include the duration of each shift and specify staff roles next to their names for clarification.

We recommend the provider seek advice from a reputable source, in relation to planning staff rotas and deploying staff to meet people's needs safely.

Using medicines safely

- People and relatives were satisfied with the medicines management support. A person said, "The staff give me my medicine." One relative commented, "[Person] takes medication, gets it regularly."
- The provider had systems in place to ensure safe storage, ordering, preparation and disposal of the medicines.
- People's medicines administration records (MAR) were appropriately completed and no gaps were found. However, we observed a person had not fully swallowed their pill and the staff member did not record this in the person's MAR.
- Staff were trained in medicines administration and their competency assessed. However, the provider did not keep records of staff competency assessments.
- We discussed the above-mentioned areas with the registered manager and they told us they would review their medicine management practices to ensure above areas were addressed.

Preventing and controlling infection

- There was an infection control policy and staff were trained in preventing and controlling of infection. Staff wore personal protective equipment when providing care.
- During the inspection, we observed an additional clinical waste bin stored in the garden outside the kitchen windows. We raised this with the provider. They told us it was an additional bin to store the excess waste and it was to be collected on 8 August 2019. Correspondence records confirmed this.
- The service had their Food Hygiene inspection in February 2019 where they were rated four stars.

Learning lessons when things go wrong

- The provider had systems in place to record, investigate and learn lessons when things went wrong.
- Staff knew what to do when things went wrong. For example, a staff member told us if a person had a fall they would make sure the person was ok and would not move them. They would call for help and ensure the person was made as comfortable as possible until the medical help arrived.
- Accidents and incidents records showed staff completed them appropriately and they were signed off by the deputy manager. However, the provider did not always record the learning outcomes or lessons learnt.
- The provider told us moving forward they would record lessons learnt in the accident and incident form for an easy access and better audit trail.

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.

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.

- The care plans for people who lacked mental capacity to consent to care did not have appropriately completed mental capacity assessments. The service had six shared bedrooms, and these were shared by people with and without the mental capacity to consent to care.
- As per the MCA and DoLS procedures, where it has been established that a person is unable to decide for themselves, appropriate procedures need to be followed to decide in the person's best interests. This is called a best interests process.
- We found the provider had not followed the best interests decision making process in relation to people who lacked mental capacity to consent to sharing bedrooms. Healthcare professionals we spoke with and people's care records confirmed this.
- Not all staff were able to demonstrate the principles of the MCA and DoLS. Some staff told us they had not been trained in the MCA and DoLS.
- People told us they were not given a choice of a shower or a bath but were told to have a body wash. A person said, "I haven't been asked if I wanted a bath. I'm told to have a 'wash down'." Another person commented, "I would like a shower, but [the service] haven't got one."

The above evidence showed people's consent was not always sought appropriately, they were not always

given choices and staff were not always familiar with the principles of the MCA and DoLS. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us staff asked their permission. A person said, "[Staff] ask [my] permission." Another person told us, "[Staff] generally ask [my] permission." A relative said, "As far as I am aware, my [relative] has a choice and feels in control when receiving care."
- Where people were identified as lacking mental capacity to make decisions regarding their care, there were records of DoLS referrals and authorisation certificates.
- During the inspection, the provider told us they had scheduled staff training in the MCA and DoLS.

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

- The service had a lift for people's easy access to their bedrooms on the first floor. Some people used stairs to access areas in the service. We found one staircase was steep and was not suitable for people with mobility needs.
- The provider told us they discouraged people from using the steep staircase. However, at the inspection, we observed two people using the staircase with difficulty.
- The communal bathrooms and toilets had hand rails. However, we noted the communal bathrooms needed refurbishment and some toilet seats were unstable.
- The provider used metal frame fabric screens in the shared bedrooms to maintain people's privacy. However, these did not meet people's privacy needs.
- The service has a garden and we saw people using the space during the day. However, we saw the access to the garden was not adapted for people with mobility needs.
- People were asked whether they wanted to have wet rooms or bathrooms and they had chosen wet rooms. The provider told us, the residents' meeting notes and the action plan confirmed this and by end of September 2019, people would have access to wet rooms.
- During and following the inspection, the provider sent us their action plan. The plan included areas in need of refurbishment and the target dates for them to complete the actions. We were reassured by the provider's action plan.

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

- We received mixed feedback from people about food. One person said, "The food is great. I follow the menu. If you can't eat what is on the menu, [staff] will do something else." Another person told us, "No choices for breakfast, it is porridge, hard eggs and toast."
- Relatives told us people's dietary needs were met. One relative said, "My [relative] eats everything, although stopped eating much meat. [People] have always loved their food. The cook is brilliant."
- During the inspection, we found people were not always offered a choice of food. For example, on day one of the inspection we observed staff giving people breakfast and lunch. However, they did not ask people what they wanted to eat and drink before they served them meals.
- During the inspection, we reviewed the provider's four week rolling menu. The menus and the display board did not record food options. The provider told us they did give people alternatives, but these were not included in the menu.
- Not all staff used personalised methods such as food images or food options to offer choices to people who could not read and understand the menu. This meant people were not always appropriately supported to decide what they wanted to eat and drink.

We recommend the provider seek advice from a reputable source, in relation to supporting the specialist nutrition and hydration needs of people living with dementia.

- We discussed the lack of food choices and accessible menus with the provider. They told us moving forward they would ensure people were given food choices in a way that was accessible to them.
- On day two of the inspection, we observed breakfast meal and saw staff asked people what they wanted to eat and drink. Some people chose different breakfast and hot drinks to their usual choices. Staff were seen showing people different fruits for them to make a choice.

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

- The provider assessed people's needs and choices before they started receiving care. The assessment enabled the provider to decide whether they were able to meet people's needs effectively.
- The assessment of needs form contained people's medical history, healthcare needs and abilities including nutrition and hydration, communication, mobility, personal care and psychological.
- People, and relatives told us staff knew how to support them. One person said, "I think [staff] are excellent." One relative commented, "Oh yes, I do think that staff are experienced."

Staff support: induction, training, skills and experience

- Training records showed most staff had received training in areas such as health and safety, manual handling, fire safety, medicines, dignity in care, falls prevention, safeguarding and Significant 7's.
- Significant 7's is a training designed for care homes to help their staff identify deteriorating health in people and take appropriate action to meet people's individualised needs.
- However, not all new staff had been provided with the relevant training. The provider told us these staff had previous professional experience of providing care and had received training from their previous employers. Records confirmed this.
- New staff received an induction which consisted of shadowing experienced staff before they supported people on their own. Staff told us they found induction helpful. Their comments included, "[Staff] showed me how to support people with their needs" and "Get to understand how to help [people]. I shadowed for nearly a month."
- The provider told us, and their training plan confirmed staff training in fundamental areas had been scheduled in September 2019 including refresher training for the existing staff.
- Staff told us they received regular one to one session with the provider where they discussed their progress, developmental needs, absences, issues or concerns. Records confirmed this.

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

- People were supported to access ongoing healthcare services. Their records showed they received fortnightly visits from the GP, and regular visits from podiatrists, district nurses, dentists and opticians. They also contained details of people's health appointments and the outcome.
- Staff followed healthcare professionals' recommendations to support people to live healthier lives.
- A visiting healthcare professional said, "[People] are very well looked after. [People] are fed well here, the food is quite good." However, they said there were not enough footstools for people to use to elevate their legs. We fed this back to the provider who told us they would purchase more footstools.
- Records of communication and correspondence showed staff worked well with other agencies to provide timely and consistent care.

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 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 and relatives told us staff treated them well. One person said, "Yes, the staff are caring." A second person commented, "The home is friendly." A third person told us, "I am well cared for, as comfortable as [staff] can make it, I suppose."
- Relatives told us staff were caring and friendly. Their comments included, "Absolutely [caring]. I can't praise [staff] enough" and "The staff are definitely caring. As soon as you walk in, there is a loving feeling."
- The service had a relaxed and homely atmosphere. During the inspection, we observed caring interactions between staff and people who used the service. Staff were patient with people's needs and requests. Staff shared positive rapport with people.
- On day two of the inspection, we observed people enjoying spending time with a staff member's children. The provider told us children visited people regularly. We saw people got on well with them.
- Staff told us they treated people as individuals and supported them as per their wishes. One staff member told us, "I would not discriminate [against] anyone because of their sex, religion, race or their sexuality."
- The provider did not record people's needs in relation to all their protected characteristics including sexual orientation and gender expression. We spoke to the provider about this. They told us moving forward they would record people's protected characteristics and needs in relation to them.

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

- Staff supported people to express their views in relation to their care.
- Relatives told us they were involved in the care planning process. A relative said, "We went through [care plan] when my [relative] first came here."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respect. A person said, "Yes, [staff] knock, and [staff] call me by my preferred name." A relative commented, "The staff are very good about privacy."
- Staff knew the importance of dignity in care. Their comments included, "By respecting [people's] beliefs, knocking on their doors before entering" and "If I noticed [a person] had an accident, I wouldn't tell in front of everyone that [person] needed changing. I will encourage them by suggesting to go for a walk."
- People were supported to maintain their independence as much as possible. We observed a staff member encouraging a person to feed themselves.

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 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

- Relatives told us staff knew people's likes and dislikes and met their personal care needs. They told us staff were responsive and kept them informed about people's changing needs.
- People told us staff were attentive to their needs. During the inspection, we saw a staff member respond promptly and in a person-centred way to a change in a person's health need.
- People's care plans were comprehensive and regularly reviewed. They contained information about people's history, support network, medical, dietary, personal care, social and cultural needs.
- Staff told us they found people's care plans helpful and instructed them on how to meet people's personal care needs. Staff knew people's likes and dislikes and preferences.
- During the inspection, we observed one person using the garden to smoke a cigarette. However, we noticed, and the person told us there were no sheltered area for them to use to smoke when the weather was not good.
- We discussed the above with the provider. They told us they would create a space for people to use for smoking when they could not use the garden.

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.

- The provider identified people's information and communication needs by assessing them. Staff understood people's communication needs.
- People's care records contained information about their communication needs and how they would like staff to communicate with them. The instructions for staff were clear and individualised to people's needs and preferences.
- For example, a person's care plan stated they would like staff to communicate using 'thumbs up or thumbs down' and sign language such as for meal time staff 'to put their hands to their mouth as if to eat'.

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

- People were offered a range of indoor activities including gentle keep fit exercises, card and board games, hairdresser visits, pampering, music, art and craft sessions. During the inspection, we observed some people

take part in group activities.

- The provider told us they organised outings to local cafes, pubs, trips to seaside, visits to shopping centres, barbeques in the garden. We evidenced photos of these outings.
- However, some people told us they would like to go out frequently. One person said, "I have never been for a walk in the park. I would like to, it would be good to enjoy the fresh air."
- We discussed the above with the provider. They told us they would consult people individually and find creative ways of using their garden space and organise outings.
- People told us they had regular visitors. Relatives told us they were encouraged to visit their family. They further said staff were welcoming and friendly.
- There were no restrictions on visiting hours. The registered manager told us they promoted "homely living" and encouraged relatives to use the kitchen facilities when they visited people.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint. One person said, "If I wasn't happy about something I would speak to [the provider]. It would be sorted out." One relative told us, "If I wasn't happy with the service I would first speak to [deputy manager] or [registered manager]."
- The provider maintained appropriate complaints records and logs. They showed complaints were addressed in a timely manner, follow up actions and outcomes were recorded.

End of life care and support

- There was an end of life care policy in place. The deputy manager was trained in end of life care and the provider was in the process of scheduling a training session for their care staff.
- The service met with people and where necessary, their relatives to explore people's wishes, preferences and choices in relation to end of life care. Where people had disclosed their wishes and choices, these were recorded in their care plans.

Is the service well-led?

Our findings

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

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

This meant the service management and leadership was inconsistent. 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

- The registered manager was not always clear about the requirements in relation to the Mental Capacity Act 2005 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant the service did not meet all the legal requirements.
- Staff were clear about their roles but were not always fully aware of the regulatory requirements.
- The provider had internal auditing and monitoring systems to ensure the safety and quality of the service. However, they had not identified all the issues related to recordkeeping and care practices picked up during this inspection.
- The deputy manager carried out staff practice observation checks but did not maintain records of these checks. There were no medicines competency assessments, staff rotas were not clear, accidents and incident records did not always include lessons learnt.
- The provider did not follow the Mental Capacity Act 2005 procedures and there were lack of dementia friendly practices. This showed the audit systems were not always effective.

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

- People told us they were generally happy with the service. Relatives told us they would recommend the service. One relative commented, "I would recommend this place without a shadow of a doubt. It is very homely and [my relative] is 'old school'."
- People told us the management was available and approachable. One person said, "[The registered manager and the director] are here virtually all of the time. If I had concerns I would talk to them."
- Relatives were positive about the management. Their comments included, "I can speak to [registered manager]. My concerns would be taken seriously" and "I would speak to [deputy manager], I have been on the phone to [deputy manager] crying and she reassures me."
- Staff told us they worked closely with the management to deliver a service that achieved good outcomes for people.
- Staff told us they found the registered manager and the deputy manager approachable. However, some staff told us they did not always feel valued. We fed this back to the provider.
- The provider told us they asked staff at one to one meeting about job satisfaction. However, no staff had raised this issue with them. They further said they would meet with the staff team to consult on how they

can improve staff morale.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider told us they engaged with people via monthly residents' meetings to seek their feedback about the care delivery. Records confirmed this.
- Staff told us they felt comfortable in expressing their views to the management in relation to improving care. However, the provider did not carry out regular staff meetings to proactively involve them in learning and improving care.
- Staff meeting records showed the provider had carried out one staff meeting in June 2018 and one in May 2019.
- Following the inspection, the provider emailed us their last residents, relatives and staff survey results. The survey results were not clear whether they were for November 2012 or July 2019.
- All people, relatives and staff we spoke with told us they had not completed any feedback survey questionnaires. Hence, we could not be assured the provider effectively engaged with people, relatives and staff to drive improvement.
- Following the inspection, the provider emailed us healthcare professionals' completed survey forms. The feedback was positive about the service and staff.

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 legal responsibilities in notifying relevant parties when something went wrong including allegations of abuse, accidents and incidents.

Working in partnership with others

- The provider worked in partnership with local authorities, safeguarding teams and other healthcare professionals including social workers and advocates to improve people's care experiences.
- The local safeguarding team's recent visit report dated July 2019 highlighted areas of improvement. We spoke to the local commissioning team and they told us they would work closely with the provider to make the necessary improvements.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider did not ensure the care and treatment of service users was provided with the consent of relevant people.</p> <p>Regulation 11(1)(3)</p>